



## Check-In Form

Address \_\_\_\_\_ Apt. # \_\_\_\_\_ Phone \_\_\_\_\_

Resident(s) \_\_\_\_\_ Date \_\_\_\_\_

If you have questions about this form, please contact the landlord.

**INSTRUCTIONS—PLEASE READ CAREFULLY!**

1. As stipulated in your lease, this form **must be completed within seven (7) days of moving in and returned to the landlord**. This form documents existing damages and conditions on which your security deposit refund is based. This form will next be used when you check out of your apartment. **THIS FORM IS NOT A MAINTENANCE REQUEST.**
2. Fill in every applicable line.
3. Each item requires **TWO (2) evaluations**. First, briefly describe existing **DAMAGES** to the item. Second, rate the **CLEANLINESS** of the item using the categories of **C=CLEAN, MC=MODERATELY CLEAN, or D=DIRTY**.

<b>CHECK IN</b>						
<b>Cleanliness</b>			<b>Damages</b>		<b>OFFICE USE ONLY</b>	
<b>C</b>	<b>MC</b>	<b>D</b>	<b>ITEM</b>	<b>PERMANENT DAMAGES</b>		
			<b>Garage</b>			
			Door/walls/ceiling			
			<b>Front and back</b>			
			Exterior condition			
			<b>KITCHEN</b>			
			Range & Oven			
			Refrigerator & Freezer			
			Sink & Faucets			
			Cabinets & Hardware			
			Shelves & Counter			
			Floors, Walls, Ceiling			
			Storms & Screens			
			Baseboards			
			Light Fixtures & Covers			
			Doors/Window Blinds			
			Other			
			<b>BATHROOM(S)</b>			
			Toilet & Seat			
			Shower & Tub			
			Sink & Faucet			
			Medicine Cabinet			
			Towel & Paper Bar			
			Floors, Walls, Ceiling			
			Storms & Screens			
			Baseboards			
			Light Fixtures & Covers			
			Doors/Window Blinds			
			Other			
			<b>LIVING ROOM</b>			
			Carpet & Floor			
			Floors, Walls, Ceiling			
			Storms & Screens			
			Baseboards			
			Light Fixtures & Covers			
			Doors/Window Blinds			
			Other			

**CHECK IN  
Cleanliness**

**Damages**

							<b>OFFICE USE ONLY</b>	
<b>C</b>	<b>M C</b>	<b>D</b>	<b>ITEM</b>	<b>PERMANENT DAMAGES</b>				
			<b>HALL</b>					
			Carpet & Floor					
			Walls & Ceiling					
			Storms & Screens					
			Baseboards					
			Light Fixtures & Covers					
			Doors/Window Blinds					
			Other					
			<b>BEDROOM #1</b>					
			Carpet & Floor					
			Walls & Ceiling					
			Storms & Screens					
			Baseboards					
			Light Fixtures & Covers					
			Doors/Window Blinds					
			Other					
			<b>BEDROOM #2</b>					
			Carpet & Floor					
			Walls & Ceiling					
			Storms & Screens					
			Baseboards					
			Light Fixtures & Covers					
			Doors/Window Blinds					
			Other					
			<b>BEDROOM #3</b>					
			Carpet & Floor					
			Walls & Ceiling					
			Light Fixtures & Covers					
			Doors/Window Blinds					
			Baseboards					
			Other					

Date \_\_\_\_\_, 20\_\_\_\_ Landlord \_\_\_\_\_

Tenant \_\_\_\_\_ Tenant \_\_\_\_\_

Tenant \_\_\_\_\_ Tenant \_\_\_\_\_