

CHECK IN / CHECK OUT FORM

Dear Incoming Resident,

This form has been provided to you to help prevent any misunderstandings between Resident & Landlord and is strongly recommended in all tenancies. It should be completed and reviewed and signed by the person assigned to handle your move-in no later than one week of receiving possession (keys) of the unit. This form will be used to help determine how your security deposit will be disbursed back to you upon moving out. Resident should contact Landlord to schedule a final inspection prior to moving out Resident agrees that upon move-in the conditions of these premises are clean, undamaged, in good working order and are adequate for customary use unless otherwise specified below. Any items of concern should include a detailed explanation on the lines provided. Please attach additional pages, if necessary.

Resident Name(s): _		
-		
Move In Date:		
Address:		
•	y Function: □ Smoke Detectors Function: □ oris/Trash: □Heater Functions: □	
_	☐ Refrigerator, Oven and Stove Function: ☐ I Functions: ☐ Exhaust Fan Functions: ☐	
	Io Visible Mold/Mildew: □ ns: □ Plumbing Functions: □	

Bedroom(s)	
Comments:	
Additional Comments:	
•	•
Resident:	Date:
Resident:	Date:
Resident:	Date:
Owner/Agent:	Date: