

Check-in Form

Agent's Delivery of Check-in Form

Address of Rental Unit _____

Owner/Agent Providing Form _____ Date _____

Tenant(s) moving in

Tenants should complete this form by noting any damage or defects in the rental unit. Make a copy for your records and return completed copy to the landlord/manager by _____ (tenant must be given at least 7 days after moving in).

Tenant Name(s) _____

Deposit Amount \$ _____

I/we request a list of physical damages or defects that were charged to the previous tenant's security deposit. This list shall be provided within 30 days of landlord's receipt of this request, or within seven days after the previous tenant has been notified of the charges to their deposit, whichever occurs later.

Tenant Signature(s) _____ Date _____

_____ Date _____

	Provided? Yes/No			Provided? Yes/No	
Kitchen		Condition?	Dining Room		Condition?
Range/Stove	_____	_____	Walls/Ceiling	_____	_____
Hood fan	_____	_____	Woodwork/Trim	_____	_____
Microwave	_____	_____	Door(s)	_____	_____
Oven	_____	_____	Window(s)	_____	_____
Dishwasher	_____	_____	Window Coverings	_____	_____
Sink/Faucets	_____	_____	Light Fixture(s)	_____	_____
Disposal	_____	_____	Outlets/Switches	_____	_____
Refrigerator	_____	_____	Flooring/Carpet	_____	_____
Exterior	_____	_____	Cabinets/built-ins	_____	_____
Refrigerator	_____	_____	Closet(s)	_____	_____
Components (ice trays, shelves, etc.)	_____	_____	Other	_____	_____
Countertops	_____	_____			
Pantry	_____	_____	Living Room	Provided?	Condition?
Walls/Ceiling	_____	_____	Walls/Ceiling	Yes/No	_____
Woodwork/Trim	_____	_____	Woodwork/Trim	_____	_____
Door(s)	_____	_____	Door(s)	_____	_____
Window(s)	_____	_____	Window(s)	_____	_____
Window Coverings	_____	_____	Window Coverings	_____	_____
Light Fixture(s)	_____	_____	Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____	Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____	Flooring/Carpet	_____	_____
Cabinets/Built-ins	_____	_____	Cabinets/built-ins	_____	_____
Closet(s)	_____	_____	Closet(s)	_____	_____
Other	_____	_____	Other	_____	_____
Other	_____	_____			

Hall, Closet(s)

Describe	Condition?
_____	_____
_____	_____

Entry, Stairs

Describe	Condition?
_____	_____
_____	_____

