

PROPERTY CHECK-IN SHEET

ADDRESS: _____

Date Given to Residents: _____ Date Received in Office: _____

Please fill out and return to the rental office within 5 days of moving into unit.

If you move in before the lease starts without written permission from the rental office, you forfeit your right to this check-in sheet.

REPAIRS NEEDED:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

OTHER PRE-EXISTING CONDITIONS NOTED FOR RESIDENT'S FILE:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Please Note: You will be charged at move-out for any defects not listed on this sheet at move-in!!!

RESIDENTS SIGNATURES:

1. _____
2. _____
3. _____
4. _____
5. _____

DATE: _____

MANAGEMENT SIGNATURE:
