

# Check-in Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Note condition or check "OK" box (*do not leave any lines blank*)

ROOM/ITEM	CONDITION	OK
<b><i>Kitchen</i></b>		
Walls		
Blinds		
Floor		
Cabinets		
Countertops		
Range		
Dish Washer		
Refrigerator		
Vent Hood/Fan		
Disposal		
Sink/Faucets		
Electric/lights		
<b><i>Living Room</i></b>		
Walls		
Blinds		
Floor		
Door / Screendoor		
Electric/lights		
Windows/screens		
Deck		
<b><i>Bedroom 01</i></b>		
Walls		
Blinds		
Floor		
Doors		
Electric/lights		
Windows/screens		
Electric/lights		

ROOM/ITEM	CONDITION	OK
<b><i>Bedroom 02</i></b>		
Walls		
Blinds		
Floor		
Doors		
Electric/lights		
Windows/screens		
<b><i>Bedroom 03</i></b>		
Walls		
Blinds		
Floor		
Doors		
Electric/lights		
Windows/screens		
<b><i>Bathroom</i></b>		
Walls		
Floor		
Doors		
Electric/lights		
Mirror		
Lavatory/Faucet		
Cabinets		
Countertops		
Toilet		
Shower/Tub		
<b><i>Garage</i></b>		
Overhead Door		
Walls		
Floor		

**Remarks:**

\_\_\_\_\_

*Tenant Signature*

\_\_\_\_\_

*Manager Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Date*