

Housing Check In/ Check Out List

Fax to (toll free): 1-866-420-1055

Tenant:			
Complex Name:			
Address			
Move In Date:		Move Out Date:	

ROOM	CHECK IN	CONDITION	CHECK OUT
Living Room			
<i>Doors</i>			
<i>Floor/ Carpet</i>			
<i>Furniture</i>			
<i>Light Fixtures</i>			
<i>Walls</i>			
<i>Windows</i>			
Bedroom 1			
<i>Closets</i>			
<i>Doors</i>			
<i>Floor/Carpet</i>			
<i>Furniture</i>			
<i>Light Fixtures</i>			
<i>Walls</i>			
<i>Windows</i>			
Bedroom 2			
<i>Closets</i>			
<i>Doors</i>			
<i>Floor/Carpet</i>			
<i>Furniture</i>			
<i>Light Fixtures</i>			
<i>Walls</i>			
<i>Windows</i>			
Bathroom 1			
<i>Cabinets</i>			
<i>Closets</i>			
<i>Doors</i>			
<i>Floor</i>			
<i>Light Fixtures</i>			
<i>Mirror</i>			
<i>Sink/Toilet /Tub</i>			
<i>Walls</i>			
<i>Windows</i>			

ROOM	CONDITION	
	CHECK IN	CHECK OUT
	Bathroom 2	
Cabinets		
Closets		
Doors		
Floor		
Light Fixtures		
Mirror		
Sink/Toilet /Tub		
Walls		
Windows		
	Kitchen	
Cabinets		
Closets		
Dishwasher		
Disposal		
Doors		
Floor/Carpet		
Furniture		
Light Fixtures		
Refrigerator		
Sink		
Stove		
Walls		
Windows		
	Appliances	
AC/Heating		
Washer/Dryer		
Water Heater		
	Misc.	
Yard		
Exterior		
Other		

The above is agreed condition of property on checking in/ checking out.

Check In	Check Out
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Tenant Signature

Tenant Signature

Date

Date

For Landlord and/or Agents Completion

Security Deposit will be refunded in full **YES/NO** (please circle appropriate response).

If NO, please explain:

Agents Signature:

Date: