

CHECKIN /CHECK OUT FOR SECURITY DEPOSIT REFUND

Resident(s): _____
 Address: _____
 Move-in Date: _____ Move-out date: _____ Inspected By: _____
 Move-out time: _____

Completing and returning this form is for your own protection as it verifies pre-existing damages. This form must be returned with seven (7) days of moving in. Remember to sign and date the form at the bottom. The check out portion of this form will be filled out immediately after you vacate. Fill in all spaces. Use an "X" if the item is in acceptable condition and explain any other conditions and indicate if repairs are needed. Please be a thorough as possible. Please note: this form is filed away and any maintenance request should be reported to Landlord.

	(Strike one) Check-IN / Check Out Conditions.
Living Room:	
Floor	
Wall / Ceilings	
Windows	
Blinds	
Light fixture / Ceiling Fan	
Closet	
Patio Door	
Kitchen:	
Floor	
Wall / Ceilings	
Windows	
Blinds	
Light fixture / Ceiling Fan	
Range: Burners	
Range: Oven / Drawer	
Hood Fan	
Refridgerator	
Sink / Faucet	
Counter Top	
Disposal	
Cabinets	
Dishwasher	
Closet	
Bathroom:	
Floor	
Wall / Ceilings	
Windows	
Blinds	
Medicine Cabinet	
Vanity Cabinet	
Sink / Faucet	
Bathtub / Shower	
Toilet	

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Bedroom #1	
Floor	
Wall / Ceilings	
Windows	
Blinds	
Light fixture / Ceiling Fan	
Closet	
Bedroom #2	
Floor	
Wall / Ceilings	
Windows	
Blinds	
Light fixture / Ceiling Fan	
Closet	
Patio Door	
Miscellaneous:	
Smoke Detectors	
Light Bulbs	
Washer / Dryer	
Garage	

The undersigned has examined & knows the condition of the apartment & has received same in good order with the exceptions noted. Do Not forget to submit a copy of the Rental Insurance certificate.

Tenant: _____

Tenant: _____

Date: _____

Move-out information

Tenant: _____

Phone Number: _____

Forwarding Address: _____

Security Door: _____

Apartment Door: _____

Mail Box: _____

Garage Door: _____

Key/Opener: _____