

**CHECK-IN / CHECK-OUT FORM**

Resident(s) Name:	Move-In Date:	Move-Out Date:
Resident(s) Name:	Apt. No.:	Garage No.:
Resident(s) Name:		Parking No.:

A = ACCEPTABLE / U = UNACCEPTABLE

	AREA	CHECK-IN CONDITIONS REMARKS	A	U	CHECK-OUT CONDITIONS REMARKS	\$ MIN. CHARGES \$	
						CLEAN	REPLACE
<b>Kitchen</b>	FLOORS					10	
	WALLS/CEILING					10	
	CUPBOARDS/DRAWERS/COUNTER					10	
	REFRIGERATOR					15	650
	Ice Maker/Bucket/Bulb						85/35/5
	DISHWASHER					10	450
	Racks/Silverware Holder						70/48
	SINK/DISPOSAL/STRAINER					15	250/150/5
	RANGE TOP/OVEN					30	500
	Broiler Pan/Drip Pans/Bulb/Rings						52/20/2/8
	RANGE HOOD MICROWAVE					20	550
	Bulb/Filter						3/30
LIGHT FIXTURES - Bulbs					10	65/5	
OTHER							
<b>Living Room / Dining Room</b>	FLOORS/AREA RUGS					15/65	300
	WALLS/CEILING					10	
	WINDOWS					30	100
	Screens/Tracks						40
	Coverings/Blinds					20	80
	CLOSETS					10	
	Shelves/Doors/Knobs					15	28/90/5
	LIGHT FIXTURES - Fan/Bulbs					15	65/5
	DOORS - Patio Door					30	400
	BALCONY					20	
	Floor/Railing						350
	SMOKE DETECTOR					5	65
OTHER							
<b>Bathroom #1</b>	FLOORS					10	
	WALLS/CEILING					10	
	SINK/COUNTERTOP/CABINETS					10	100/250/250
	Faucet Pop-Up/Towel Bar						85/20
	TUB/SHOWER					45	450
	Rod						35
	TOILET					15	85
	Toilet Seat/Paper Holder						45/15
MIRRORS/FANS - Bulb					15	85/65/35	
OTHER							
<b>Bathroom #2</b>	FLOORS					10	75
	WALLS/CEILING					10	
	SINK/COUNTERTOP/CABINETS					10	100/250/250
	Faucet Pop-Up/Towel Bar						85/20
	TUB/SHOWER					45	450
	Rod						35
	TOILET					15	185
	Toilet Seat/Paper Holder						45/15
MIRRORS/FANS - Bulb					15	85/65/5	
OTHER							
<b>Laundry Room</b>	FLOORS					10	
	WALLS/CEILING					10	
	SHELVES/DOOR/KNOB					15	28/90/5
	WASHER					40	400
	DRYER					20	400
	LIGHT FIXTURE - Bulb					15	65/5
OTHER							
<b>Bedroom #1</b>	FLOORS/AREA RUG					10/65	300
	WALLS/CEILING					10	
	WINDOWS					30	500
	Screens/Tracks						40
	Coverings/Blinds					20	80
	CLOSETS					10	
	Shelves/Doors/Knobs					15	28/90/15
	LIGHT FIXTURES - Fan/Bulbs					15	65/5
	SMOKE DETECTOR					5	65
	DOOR/KNOB						155/45
<b>Bedroom #2</b>	FLOORS/AREA RUG					10/65	300
	WALLS/CEILING					10	
	WINDOWS					30	500
	Screens/Tracks						40
	Coverings/Blinds					20	80
	CLOSETS					10	
	Shelves/Doors/Knobs					15	28/90/15
	LIGHT FIXTURES - Fan/Bulbs					15	65/5
	SMOKE DETECTOR					5	65
	DOOR/KNOB						155/45
<b>Bedroom #3</b>	FLOORS/AREA RUG					10/65	300
	WALLS/CEILING					10	
	WINDOWS					30	500
	Screens/Tracks						40
	Coverings/Blinds					20	80
	CLOSETS					10	
	Shelves/Doors/Knobs					15	28/90/15
	LIGHT FIXTURES - Fan/Bulbs					15	65/5
	SMOKE DETECTOR					5	65
	DOOR/KNOB						155/45
<b>Misc.</b>	ENTRY KEY/MAILKEY/OHD REMOTE						75/35/50
	ENTRY DOOR						600
	OTHER						225
	OTHER						

TOTAL ESTIMATED COSTS:      \$                      \$

CHECK-IN CONDITIONS  
\* Keys received: (Quantity)  
Bldg \_\_\_\_\_ Unit \_\_\_\_\_ Transmitter \_\_\_\_\_ Mail \_\_\_\_\_

CHECK-OUT CONDITIONS  
\* Keys returned: (Quantity)  
Bldg \_\_\_\_\_ Unit \_\_\_\_\_ Transmitter \_\_\_\_\_ Mail \_\_\_\_\_

Forwarding Address:

Resident(s) agree(s) that said apartment will be restored to condition as noted upon move in. Resident(s) agree(s) they are fully and financially responsible for all costs expended in restoring said apartment to a thoroughly clean condition, fully intact, and free from damage and breakage.

I hereby acknowledge inspection of said apartment and accept it with the conditions noted. I have received a copy of this form.

Resident's Signature (Check-In)	Date	Resident's Signature (Check-Out)	Date
Resident's Signature (Check-In)	Date	Resident's Signature (Check-Out)	Date
Resident's Signature (Check-In)	Date	Resident's Signature (Check-Out)	Date