

# TENANT CHECK-IN SHEET

NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

APARTMENT ADDRESS \_\_\_\_\_ DATE \_\_\_\_\_

**\*\*RETURN THIS FORM WITHIN (7) SEVEN DAYS OF RECEIVING YOUR KEYS\*\***

(Please use the backside if needed)

**ENTRANCE DOOR:** \_\_\_\_\_

## LIVINGROOM AND DINING AREA:

Inspect windows and screens for cracks and tears \_\_\_\_\_

Is the air conditioner cover there? \_\_\_\_\_

Inspect carpeting for stains (CARPET HAS BEEN SHAMPOOED THROUGHOUT THE APARTMENT PRIOR TO YOUR MOVE-IN) \_\_\_\_\_

Inspect vertical & mini-blinds \_\_\_\_\_

## KITCHEN:

One sink stopper left? \_\_\_\_\_ One disposal stopper left? \_\_\_\_\_ Ice cube trays left? \_\_\_\_\_ Broiler pan (Is there one?) \_\_\_\_\_

Inspect all appliances for proper working order and cleanliness \_\_\_\_\_

## BATHROOM:

Does the fan work properly? \_\_\_\_\_

## BEDROOM(s):

## GENERAL:

Light Fixtures \_\_\_\_\_

Garage, Garage Door, and Opener \_\_\_\_\_

## REPAIR CHECKS:

Intercom working? \_\_\_\_\_

Patio door and screen slide properly in track? \_\_\_\_\_

Toilet flushes and shuts off properly? \_\_\_\_\_

Air Conditioner working? \_\_\_\_\_

Garage Door \_\_\_\_\_

Do any of your faucets leak? \_\_\_\_\_ Do the stoppers hold water? \_\_\_\_\_

***Our goal is to have all of your repairs or notes listed here inspected & completed within 2 weeks of receipt!***

***Our Serviceman's daily hours are 8:00 a.m. to 4:30 p.m.; evenings and weekends are for emergency only!***

***We need your help to accomplish this goal by filling in the information on who to contact and where.***

**Tenant Contact Name:** \_\_\_\_\_

**Cell/Home/Work Number:** \_\_\_\_\_ | \_\_\_\_\_ | \_\_\_\_\_

## Check 1 box only:

***I do not want to be contacted before the serviceman enters my apartment.***

***Please contact me at the numbers above before the serviceman enters my apartment.***

**Keys Received: Date** \_\_\_\_\_ **# of Keys Received: Apartment** \_\_\_\_\_ **Garage w/Opener** \_\_\_\_\_ **Mail Box** \_\_\_\_\_