SAMPLE CHECK-IN/OUT FORM

This is a sample form of a check-in/check-out sheet. It may be used as is, it may be modified to suit your needs, or you may replace the sample form and attach
your own check-in/check-out sheet to the lease.

KEEP A COPY FOR YOUR RECORDS

Occupant:_____ Unit Address.:___ ___Date:_____Phone:____

TO BE COMPLETED BY MANAGERS AND/OR TENANTS AT THE CHECK-IN AND CHECK OUT

Rate each item according to this scale:

1. Like New

2.

4. Needs Repair (make comment) 7. Needs Painting

5. Missing and Needs Replacement 8. N/A

- Good Condition Acceptable Condition 3.
- 6. Needs Cleaning (make comment) ()=quantity of that particular item

Rating at	COMMENTS		Rating at	COMMENTS
Move-in	Move-in		Move-out	Move-out
		LIVING ROOM		
		Floor		
		Carpets		
		Ceiling		
		Closet Doors		
		Drapes		
		Rods/Pull Cord		
		Walls & Woodwork		
		Windows & Tracks		
		Frame		
		Screens		
		Latch/Crank		
		Heat Registers		
		Light Fixtures		
		Screen Door		
		Air Conditioner		
		Nail Holes		
		Tape Marks		
		Ceiling Hooks		
		Electrical Outlets		
		Telephone		
		Cable Connection		
		Sofa ()		
		Chairs ()		
		Desk		
		End Table ()		

		Coffee Table ()		
		Book Shelf		
		Lamps ()		
		Lights ()		
Rating at	COMMENTS		Rating at	COMMENTS
Move-in	Move-in		Move-out	Move-out
		BEDROOM #1		
		Floor		
		Door		
		Closets/Doors		
		Heater Controls		
		Windows		
		Frame		
		Screens		
		Latch/Crank		
		Nail Holes		
		Tape Marks		
		Ceiling Hooks		
		Electrical Outlets		
		Drapes		
		Rods/Pull Cord		
		Ceiling		
		Walls		
		Light Covers		
		Furniture		
		Bedstead		
		Mattress/Frame		
		Mattress Cover		
		Chest/Drawers		
		Night Stand		
		Mirror		
		Lamps		
		BEDROOM #2		
		Floor		
		Door		
		Closets/Doors		
		Heater Controls		
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n				
		Windows		
		Frame		
		Screens		
		Latch/Crank		
		Nail Holes		
		Tape Marks		
		Ceiling Hooks		
		Electrical Outlets		
		Drapes		
		Rods/Pull Cord		
		Ceiling		
		Walls		
		Light Covers		
		Furniture		
		Bedstead		
Rating at	COMMENTS		Rating at	COMMENTS
Move-in	Move-in		Move-out	Move-out
		Mattress/Frame		
		Mattress Cover		
		Chest/Drawers		
		Night Stand		
		Mirror		
		Lamps		
		BATHROOMS		
		Ceramic Tiles/Linoleum		
		Ceiling		
		Door		
		Wall Tile		
		Soap Dish (Tub/Sink)		
		Tub		
		Stopper		
		Faucets		
		Drain		
		Shower Head		
		Curtain Rod		
		Stool/Lid		
		Tank		
		Seat		
		Sink		
	I	Faucets	l	

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		Drains		
		Stopper		
		Aerator		
		Fan		
		Mirror & Medicine Cabinet		
		Vanity - Inside and Out		
		Light Fixtures		
		Floor Covering		
		Walls & Woodwork		
		Windows & Screens		
		Towel Bars		
		KITCHEN		
		Tiles/Linoleum		
		Ceiling		
		Walls		
		Heater Controls		
		Windows		
		Frame		
		Screens		
		Latch/Crank		
		Sink		
		Faucets		
Rating at	COMMENTS		Rating at	COMMENTS
Move-in	Move-in		Move-out	Move-out
		Drains		
		Aerator		
		Disposal		
		Stove		
		Burners		
		Hood Fan		
		Controls/Timers		
		Drip Pans		
		Grease Filter		
		Oven		
		Oven Racks ()		
		Broiler Pan ()		
		Elements		
		Refrigerator		

		Surface Areas		
		Interior Areas		
		Shelves ()		
		Drawers ()		
		Door Seal		
		Door Liner		
		lce Trays ()		
		Freezer		
		Drip Tray		
		Electrical Outlets		
		Cabinets		
		Drawers		
		Doors		
		Countertop		
		Lights		
		Light Cover		
		Bulbs		
		GENERAL		
		Cabinets/Drawers		
		Sink & Disposal		
		Walls & Woodwork		
		Light Fixtures		
		Windows & Screens		
		Floor Covering		
		DINING ROOM		
		Dining Table		
		Dining Chairs ()		
Rating at	COMMENTS		Rating at	COMMENTS
Move-in	Move-in		Move-out	Move-out
		PATIO/BALCONY		
		Sliding Door		
		Glass		
		Screen		
		Hardware		
		Cleanliness		
		FRONT DOOR		
		Lock/Deadbolt		
		STAIRWELL		
		Walls		
		Tread		
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	Handrail	
	GENERAL	
	Hallways - Walls	
	Hallways - Carpet	
	Entry Door	
	Storage Closets	
	Coat Closet	
	Hall Closet	
	Light Fixtures	
	Washer Closet/Washer Hook Up	
	Smoke Detector	
	Fire Extinguisher	
	Storage Area	
	Light Fixtures	
	Roaches/Rodents	

Miscellaneous:

Owner/agent will make the following repairs by the following dates:

Repair Completion Date Checked at move-in by ____ _20 on .(signature of owner/agent) (date) and____ on ____20 .(signature of resident) (date) Checked at move-out by by _____ on _ 20 .(signature of owner/agent) (date) and____ _20 on (date)

.(signature of resident)