

Rental Check-In Report

Tenant Name(s): _____

Rental Address: _____

(Address)

(City)

(Zip Code)

Please use the codes listed below to indicate the condition of each item on this report.

CODES: **OK** Clean & in good condition **D** Damaged; ex: scar on countertop
 NC Needs cleaning **NR** Needs repair; ex: broken control knob on range

ITEM	CODE	REMARK	DAMAGES
KITCHEN			
Describe any damages noted or repairs needed			
Range			
Hood			
Dishwasher			
Disposal			
Refridgator			
Sink Faucets			
Cabinets			
Floor			
Light Fixtures			
DINING ROOM			
Light Fixtures			
Floor			
Walls/Ceiling			
LIVING ROOM			
Windows			
Drapes/Rods			
Carpeting			
Walls/Ceiling			
BATHROOM			
Cabinet/Vanity			
Toilet/Seat			
Sink/Faucets			
Tub/Faucets			
Towel Bars			
Floor			
Wall/Ceiling			
MASTER BEDROOM			
Windows			
Drapes/Rods			
Closet			
Carpeting			
Walls/Ceiling			
SECOND BEDROOM			
Windows			
Drapes/Rods			
Closet			
Carpeting			
Walls/Ceiling			
SYSTEMS			
Air Conditioning			
Heating			

Total Damages: _____

I, the undersigned, have examined this rental and acknowledge this report to be accurate regarding the condition of all items listed.

(Signature of Tenant)

(Date)

* Must be returned within 7 days from move-in *