

# Cleasby Properties LLC Check-in Form

## Agent's Delivery of Check-in Form

Address of Rental Unit \_\_\_\_\_  
Owner/Agent Providing Form \_\_\_\_\_ Date \_\_\_\_\_

### Tenant(s) moving in

*Tenants should complete this form by noting any damage or defects in the rental unit. Make a copy for your records and return completed copy to the landlord/manager by \_\_\_\_\_ (tenant must be given at least 7 days after moving in).*

Tenant Name(s) \_\_\_\_\_

Deposit Amount \$ \_\_\_\_\_

- ☐ I/we request a list of physical damages or defects that were charged to the previous tenant's security deposit. This list shall be provided within 30 days of landlord's receipt of this request, or within seven days after the previous tenant has been notified of the charges to their deposit, whichever occurs later.

Tenant Signature(s) \_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

#### Kitchen

Provided?  
Yes/No Condition?

Range/Stove	_____	_____
Hood fan	_____	_____
Microwave	_____	_____
Oven	_____	_____
Sink/Faucets	_____	_____
Refrigerator	_____	_____
Exterior	_____	_____
Refrigerator	_____	_____
Components (ice	_____	_____
trays, shelves, etc.)	_____	_____
Countertops	_____	_____
Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/Built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____
Other	_____	_____

#### Hall, Closet(s)

Describe \_\_\_\_\_ Condition? \_\_\_\_\_

#### Dining Room

Provided?  
Yes/No Condition?

Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____

#### Living Room

Provided?  
Yes/No Condition?

Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____

#### Entry, Stairs

Describe	Condition?
_____	_____
_____	_____
_____	_____

Bedroom 1	
	Provided? Condition? Yes/No
Walls/Ceiling	
Woodwork/Trim	
Door(s)	
Window(s)	
Window Coverings	
Light Fixture(s)	
Outlets/Switches	
Flooring/Carpet	
Cabinets/built-ins	
Closet(s)	
Other	

## Bedroom 2

	Provided? Yes/No	Condition?
Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/built-ins	_____	_____
Closet(s)	_____	_____
Other	_____	_____

Bedroom 3	
	Provided? Condition? Yes/No
Walls/Ceiling	
Woodwork/Trim	
Door(s)	
Window(s)	
Window Coverings	
Light Fixture(s)	
Outlets/Switches	
Flooring/Carpet	
Cabinets/built-ins	
Closet(s)	
Other	

Other Room	
	Provided? Condition? Yes/No
Walls/Ceiling	
Woodwork/Trim	
Door(s)	

**Other Room, continued**

Window Coverings \_\_\_\_\_

Light Fixture(s) \_\_\_\_\_

Outlets/Switches \_\_\_\_\_

Flooring/Carpet \_\_\_\_\_

Cabinets/built-ins \_\_\_\_\_

Closet(s) \_\_\_\_\_

Other \_\_\_\_\_

# Bathroom

	Provided? Yes/No	Condition?
Walls/Ceiling	_____	_____
Woodwork/Trim	_____	_____
Door(s)	_____	_____
Window(s)	_____	_____
Window Coverings	_____	_____
Light Fixture(s)	_____	_____
Outlets/Switches	_____	_____
Flooring/Carpet	_____	_____
Cabinets/built-ins	_____	_____
Countertops	_____	_____
Closet(s)	_____	_____
Toilet	_____	_____
Tub/Shower	_____	_____
Shower	_____	_____
Curtain/Doors	_____	_____
Sink/Faucets	_____	_____
Towel Rack(s)	_____	_____
Exhaust Fan	_____	_____
Tile/Caulk	_____	_____
Other Fixtures	_____	_____
Other	_____	_____
Other	_____	_____

[illegible]