

Housing Check In/ Check Out List Fax to (toll free): 1-888-979-6551

Tenant:	
Complex Name:	
Address	

Move In Date:	Move Out	t Date:

Move III Bate:	Move Out Date.				
ROOM	CONDITION CHECK IN CHECK OUT				
	Living Room				
Doors			-		
Floor/ Carpet					
Furniture					
Light Fixtures					
Walls					
Windows					
	Bedroom 1				
Closets					
Doors					
Floor/Carpet					
Furniture					
Light Fixtures					
Walls					
Windows					
	Bedroom 2				
Closets					
Doors					
Floor/Carpet					
Furniture					
Light Fixtures					
Walls					
Windows					
	Bathroom 1				
Cabinets					
Closets					
Doors					
Floor					
Light Fixtures					
Mirror					
Sink/Toilet /Tub					
Walls					
Windows					



ROOM		CONDITION				
	CHECK IN		CHECK OUT			
		Bathroom 2				
Cabinets						
Closets						
Doors						
Floor						
Light Fixtures						
Mirror						
Sink/Toilet /Tub						
Walls						
Windows						
Cabinata		Kitchen				
Cabinets Closets						
Dishwasher						
Disnwasher						
Doors						
Floor/Carpet						
Furniture						
Light Fixtures						
Refrigerator						
Sink						
Stove						
Walls	_					
Windows						
		Appliances				
AC/Heating						
Washer/Dryer						
Water Heater						
		Misc.				
Yard						
Exterior						
Other						
Notes/Miscellaneous:						
The above is agreed con	dition of property on che	cking in/ checking out.	Check Out			
GIICU	X III		Olicon Out			
Tenant Signature			Tenant Signature			
Date			Date			