

# Check in sheet

Check in sheet for residential premises and contents

Of \_\_\_\_\_, On \_\_\_\_\_, 2007.

Please list condition as: E=excellent; G=good; F=Fair, or P=poor

## LIVING ROOM - Condition

Walls \_\_\_\_\_  
Carpet \_\_\_\_\_  
Ceiling \_\_\_\_\_

## DINING AREA - Condition

Walls \_\_\_\_\_  
Carpet \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Lighting \_\_\_\_\_

## BEDROOM 1 - Condition

Walls \_\_\_\_\_  
Carpet \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Closet \_\_\_\_\_  
Other \_\_\_\_\_

## BEDROOM2 - Condition

Walls \_\_\_\_\_  
Carpet \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Closet \_\_\_\_\_  
Other \_\_\_\_\_

## BATHROOM - Condition

Mirror \_\_\_\_\_  
Countertop \_\_\_\_\_  
Tub \_\_\_\_\_  
Sink \_\_\_\_\_  
Toilet \_\_\_\_\_  
Faucets \_\_\_\_\_  
Shower \_\_\_\_\_  
Towel rack \_\_\_\_\_  
Light \_\_\_\_\_  
Floor \_\_\_\_\_

## ENSUITE - Condition

Mirror \_\_\_\_\_  
Counter \_\_\_\_\_  
Tub \_\_\_\_\_  
Sink \_\_\_\_\_  
Toilet \_\_\_\_\_  
Faucets \_\_\_\_\_  
Shower \_\_\_\_\_  
Light \_\_\_\_\_  
Floor \_\_\_\_\_  
Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Towel rack \_\_\_\_\_

## MISCELLANEOUS - Condition

Keys \_\_\_\_\_  
Windows \_\_\_\_\_  
Window sills \_\_\_\_\_  
Security door \_\_\_\_\_  
Thermostat \_\_\_\_\_  
Other \_\_\_\_\_

## KITCHEN - Condition

Stove \_\_\_\_\_  
Oven \_\_\_\_\_  
Oven racks \_\_\_\_\_  
Broiler pan \_\_\_\_\_  
Fridge \_\_\_\_\_  
Freezer \_\_\_\_\_  
Garbage disposal \_\_\_\_\_  
Ice trays \_\_\_\_\_  
Sink \_\_\_\_\_  
Counter \_\_\_\_\_  
Hood fan \_\_\_\_\_  
Faucets \_\_\_\_\_  
Dishwasher \_\_\_\_\_  
Cabinets \_\_\_\_\_

**Walls** \_\_\_\_\_  
**Ceiling** \_\_\_\_\_

**Knobs** \_\_\_\_\_  
**Floor** \_\_\_\_\_  
**Lights** \_\_\_\_\_  
**Walls** \_\_\_\_\_  
**Ceiling** \_\_\_\_\_

**Please list any additional comments:** \_\_\_\_\_

**Tenants signature**

**Landlord or Manager's signature**

**Dated** \_\_\_\_\_,