

CHECK IN SHEET



Check in sheet for residential premises and contents of _____, on _____, _____.

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

<u>LIVING ROOM CONDITION</u>		<u>KITCHEN CONDITION</u>	
Walls		Stove	
Carpet		Oven	
Ceiling		Oven Racks	
<u>DINING AREA CONDITION</u>		Broiler Pan	
Walls		Refrigerator	
Carpet		Freezer	
Ceiling		Garbage disposal	
Lighting		Ice trays	
<u>MASTER BEDROOM SUITE CONDITION</u>		Sink	
Bedroom Walls		Counter	
Bedroom Carpet		Hood fan	
Bedroom Ceiling		Faucets	
Bedroom Closet		Dishwasher	
Bedroom Other		Cabinets	
Bath Mirror		Knobs	
Bath Counter		Floor	
Bath Tub		Lights	
Bath Sink		Walls	
Bath Toilet		Ceiling	
Bath Faucets			
Bath Shower		<u>MISCELLANEOUS CONDITION</u>	
Bath Light		Keys	
Bath Floor		Windows	
Bath Walls		Window sills	
Bath Ceiling		Security door	
Bath Towel Rack		Thermostat	
		Other	

BEDROOM 1 CONDITION		BEDROOM 2 CONDITION	
Walls		Walls	
Carpet		Carpet	
Ceiling		Ceiling	
Closet		Closet	
Other		Other	
BATHROOM CONDITION			
Mirror			
Countertop			
Tub			
Sink			
Toilet			
Faucets			
Shower			
Towel rack			
Light			
Floor			
List additional comments:			
Landlord:	Signature:		Date:
Tenant:	Signature:		Date:

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