

Walk through /Move In Form

Address: _____

Address Cont': _____

Tenant: _____

Tenant Phone #: _____

Tenant Cellular #: _____

Alternant Phone #: _____

Tenant E-Mail: _____

Alternate E-Mail: _____

Tenant Place of Business: _____

Tenant Work Address: _____

Tenant Work Phone #: _____

Walk Through Check List

Appliances

Refrigerator	<input type="checkbox"/>	Working (Yes or No): _____
Stove	<input type="checkbox"/>	Working (Yes or No): _____
Dishwasher	<input type="checkbox"/>	Working (Yes or No): _____
Garbage Disposal	<input type="checkbox"/>	Working (Yes or No): _____
Ice Maker	<input type="checkbox"/>	Working (Yes or No): _____
Laundry (Washer & Dryer)	<input type="checkbox"/>	Working (Yes or No): _____

Keys

of Keys received at Move In:

Pool Key (Yes or No):	<input type="checkbox"/>	Quantity: _____
Mailbox (Yes or No):	<input type="checkbox"/>	Quantity: _____
Access Card (Yes or No):	<input type="checkbox"/>	Quantity: _____

Tenant hereby acknowledges that information provided on this form is accurate to best of his or her knowledge. In addition tenant agrees to return all keys and access cards upon moving out of the premises. If tenant fails to return such items the replacement cost of such items will be deducted from their security deposit.

Tenant Signature _____ Date _____

Landlord Signature _____ Date _____