Move-In Checklist

(to be submitted within 3 days after lease start date)

Date: ____/____ Property Address: ____ Home Phone: ______ Office: _____ Cellular: _____ Our inspection of this property indicates it is in acceptable move-in condition. Should you find any damages that were overlooked, please describe them below so the cost of repairing them will not be deducted from your security deposit when you eventually vacate the property. For additional information, go to http://www.lattahomes.com. Exterior (roof, siding, decks, patios, fences): _____ Yard & Landscaping: _____ Walls & Ceilings: _____ Vinyl Floors & Carpeting: _____ Locks, Door and Window Trim, Baseboards: Glass and Screens: Kitchen & Bath Cabinets & Drawers:

Light Fixtures, Switches & C	Outlets:			
Window Shades, Curtains &	Blinds:			
Tub, Shower, Toilets, Sinks	, Faucets & Misc Plumb	ning:		
Range, Refrigerator & Dishy	vasher:			
Jan Garage				
Miscellaneous Comments:				
We understand that this is r	not a request for repairs	s but simply a statement	f the property at the time of possession of condition. We agree to submit a deem necessary to our use of the	n.
LESSEE	Date	LESSEE		 :e

