



CHECK-IN FORM

1) Fill out form explaining any damage 2) Sign the form 3) Make a copy 4) Return original to Lancer Group Properties within 7 days of move-in.
If tenants fail to return the "Check-In Form" in time, the report of the Landlord will be controlling.

RESIDENT NAMES:		Phone #s:
HOUSE/APT. ADDRESS:		
CHECK-IN DATE:		

MOVE-IN CONDITION

KITCHEN	

DINING ROOM	

LIVING ROOM	

BATHROOM(S)	

BEDROOM(S)	

MISCELLANEOUS	
SMOKE DETECTORS:	
FIRE EXTINGUISHER(S):	
GARBAGE/RECYCLING:	
KEYS:	
OTHER:	

The undersigned has examined and knows the condition of this unit, its furnishings and appliances and has received same in good order, with only those exceptions above noted.

TENANT SIGNATURES:		Date:
		Date:
		Date:
		Date:
LGP SIGNATURE:		Date: