

MOVE-IN CHECKLIST

ADDRESS:		_UNIT:	TENANT:		
MOVE-IN DATE:	RETURN FORM BY:		KEYS RECEIVED	Door:	Mail:
Items listed below we	ere present at move in an	ıd "not" iı	n need of repair:		
Items listed below ar	e in need of repair:				
Maintenance has	my permission to enter my unit	t for repairs			
	tenance to call for an appointm		-		
				,	

Every effort is made to ensure this form is accurate, although conditions may have changed since we filled out this form so we encourage you to review it and let us know if you dispute any of the conditions specified in this form within **5 days** of move-in date by turning this form back in with any disputes noted in writing. This form is valid <u>ONLY</u> with a manager's signature. In the event this form is <u>NOT</u> filled out and returned to our office, it will be understood that there are no problems with the unit as stated by management and everything is satisfactory to you, the tenant(s). We want to thank you for choosing one of our units for your new home and we will make every effort to see that any necessary repairs are made promptly. The Resident shall be responsible for the condition of the unit "AS IS" and any damage beyond normal wear and tear will be paid for at resident's expense according to amounts as stated on "Schedule C". Dirt is not normal wear and tear. The back of this form may be used if more space is needed.

Resident:	Received by Manager:	Date:
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Work order submitted: _____ by_____

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