

IMPORTANT INFORMATION

Please take a few minutes to complete the attached Move In Checklist. For your benefit, be as specific as possible. Return the completed checklist to the office within one week. Keep this top page for your records. The checklist will be reviewed for items needing repair, and then kept in your file for the duration of your lease. When you move out, your checklist will be compared with your move out inspection.

*Helpful Maintenance Tips:

1. Smoke detector beeping every few minutes: the battery probably needs replaced.
2. Light not working: make sure the wall switch is turned on, check the breakers, or try replacing the light bulb.
3. Fluorescent light flickering: the fluorescent tube needs to be replaced.
4. Power outage: Check the breakers. Breakers usually show red if they need reset.
5. Garbage disposal: Press the reset button located on the bottom of the disposal and try the disposal again (always run water when using the disposal). If this doesn't work, check the breakers and reset them if necessary.
6. Clogged sink/tub drain or toilet: Try plunging.

If you are still having problems after trying these tips, call the office.

*Useful Supplies/Tools to have on hand

Light bulbs	Plunger
Fluorescent tubs	Screwdriver
Pliers	9 Volt Batteries

*The Apartment Store does not provide these items.

Avoiding Maintenance Charges:

1. Maintenance repairs are at no charge to residents, unless damage is due to negligence (holes kicked in walls or doors, graffiti, bottle caps stuck in disposal, etc.) You will be charged for labor, materials and a 15% administration fee.
2. For power outages, check the breakers before calling Maintenance. You may be charged for a service call if our Maintenance staff just flips a breaker.
3. There is a charge for changing light bulbs, so try replacing the bulb before calling for service.
4. Try plunging a toilet or drain before calling Maintenance or you may be billed for a service call.
5. For any vandalism items, please call and file a police report as soon as possible. Report the police report incident number to Maintenance ASAP.
6. If you are locked out of your apartment during working hours, you may borrow a key from the office. If we respond to unlock your doors, there is a \$45.00 charge, plus 15% administration fee.
7. Make sure all utilities are in your name by completing the proper applications. If you fail to do this, you will receive bills from The Apartment Store with an additional \$50 per month administration fee.

Damage Checklist

Building Name: _____ **Apt #** _____
Phone Number: _____ **Move in Date:** _____

This checklist is designed for damages and/or maintenance items only. **PLEASE DO NOT COMMENT ON CLEANING CONCERNS. CONCERNS SHOULD BE DIRECTED TO THE OFFICE WITHIN 24 HOURS UPON THE FIRST PERSON'S ARRIVAL. PLEASE RETURN THIS FORM WITHIN ONE WEEK.** The Apartment Store will review this checklist so maintenance items may be addressed. Unless otherwise specified, no prior notification will be given prior to work being performed. (Please remember The Apartment Store reserves the right to enter each unit. However, we will do our best to accommodate the wishes of our residents.)

FOYER	Good	Fair	Poor	Comments
Entry Door				
Flooring				
Light Covers				
Light Bulbs				
Outlet Covers				
Switch Covers				
Closet				
Walls and ceilings				

Kitchen	Good	Fair	Poor	Comments
Cabinets				
Counters				
Refrigerator				
Range Hood				
Range Top				
Oven				
Oven Drawer				
Light Shade				
Light Bulbs				
Backsplash				
Sink				
Floors				
Dishwasher				
Microwave				
Outlet Covers				
Switch Covers				
Walls and ceilings				
Baseboard				

Kitchen Cont.	Good	Fair	Poor	Comments
Blinds				
Window				
Window Screen				

Dining Room	Good	Fair	Poor	Comments
Carpet/Tile/Wood				
Light Fixture				
Closet				
Outlet Covers				
Switch Covers				
Walls and ceilings				
Baseboard				
Railing				

Living Room	Good	Fair	Poor	Comments
Carpet/Tile/Wood				
Blinds				
Window				
Furniture				
Closet				
Light Fixture				
Light Bulbs				
Outlet Covers				
Switch Covers				
Walls and ceilings				
Baseboards				
Patio/Balcony				
Railing				

Bathroom #1	Good	Fair	Poor	Comments
Shower Walls				
Bathtub				
Toilet				
Medicine Cabinet				
Sink				
Vanity				

Bathroom #1 Cont.	Good	Fair	Poor	Comments
Floor				
Light Shade				
Light Bulbs				
Shower Rod				
Toilet Paper Holder				
Toothbrush Holder				
Soap Dish				
Outlet Covers				
Switch Covers				
Towel Bars				
Door				
Fan				
Closet				
Baseboards				
Walls and ceilings				

Bedroom #1	Good	Fair	Poor	Comments
Carpet/Tile/Wood				
Window				
Blinds				
Light Shade				
Light Bulbs				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls and ceilings				
Doors				
Baseboards				

Bedroom #2	Good	Fair	Poor	Comments
Carpet/Tile/Wood				
Window				
Blinds				

Bedroom #2 Cont.	Good	Fair	Poor	Comments
Light Shade				
Light Bulbs				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls and ceilings				
Doors				
Baseboards				

Bathroom #2	Good	Fair	Poor	Comments
Shower Walls				
Bathtub				
Toilet				
Medicine Cabinet				
Sink				
Vanity				
Floor				
Light Shade				
Light Bulbs				
Shower Rod				
Toilet Paper Holder				
Toothbrush Holder				
Soap Dish				
Fan				
Outlet Covers				
Switch Covers				
Towel Bars				
Door				
Closet				
Baseboards				
Walls and ceilings				

Bedroom #3	Good	Fair	Poor	Comments
Carpet/Tile/Wood				
Window				
Blinds				
Light Shade				
Light Bulbs				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls and ceilings				
Doors				
Baseboards				

Bedroom #4	Good	Fair	Poor	Comments
Carpet/Tile/Wood				
Window				
Blinds				
Light Shade				
Light Bulbs				
Closet				
Outlet Covers				
Switch Covers				
Screens				
Walls and ceilings				
Doors				
Baseboards				

General	Good	Fair	Poor	Comments
Smoke Detectors				
Carbon Monoxide				
Fire Extinguisher				
Phone Jacks				
Cable Adapters				
Heat Registers				
Other (Specify)				

Please note the number of each piece of furniture and any marks, tears, stains, etc.

Furniture	Number of Pieces	Remarks
Sofa		
Loveseat		
Coffee Table		
End Table		
Bar Stools		
Entertainment Center		
Dining Table		
Dining Chairs		
Lamps		
Bed Frames		
Mattresses		
Box Springs		
Night Stands		
Single Dressers		
Double Dressers		
Mirrors		
Bookcase		
Desk		
Desk Chairs		
Other (Specify)		

Additional Comments:

Please sign and date (making sure signature is legible):

Date _____

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Office Use Only

Checklist Received By: _____ Date: _____

Checklist Reviewed By: _____ Date: _____

Work Order Written: _____