

CHECK-IN/CHECK-OUT FORM

(to be completed within two weeks of move-in date)

Co-op Unit # _____

Address: _____ Williamson Street

Check-In Date _____

Check-Out Date _____

Name(s) of Member(s) in Unit _____

I/We, incoming members of Unit # _____, do hereby acknowledge that the below is an accurate statement of the condition of this apartment at the time of my taking occupancy. I/We further understand that, except for normal wear and tear, I/we shall be required to deliver the apartment in a condition of cleanliness at the termination of my residency or pay for costs incurred and time spent by the Co-op to clean the apartment and repair any damage for which I/we can be fairly held to be responsible, and further, that any time spent by the Co-op for these purposes shall be deducted from my transfer value at the hourly rate current for such work at the time of my departure, all as determined by the Co-op's board of directors.

Member(s)' Signature(s)

Date

	Check In	Check Out		Check In	Check Out
KEYS	Provided:	Returned:	KITCHEN		
ENTRY/ AIR LOCK			Light Fixtures/ Electric Outlets		
APT. DOOR (incl. deadbolt)			Ceiling/Walls		
FIRE EXTINGUISHER			Floor		
SMOKE DETECTOR			Windows (incl. screens)		
PINLOCKS (where required)			Sink/Drain/ Pipes Beneath		
PORCH (if applicable)			Cabinets—Upper		
BATHROOM			Cabinets—Lower		
Door/Lock			Stove Hood & Fan		
Toilet			Stove & Oven (only in Unit Four)		
Tub/Shower			DINING RM. (if applicable)		
Sink			Light Fixture/ Electric Outlets		
Floor			Ceiling Fan (if applicable)		
Fan to Outside			Ceiling/Walls		
Ceiling/Walls			Floor		
Light Fixtures/ Electric Outlet			Windows (incl. screens)		
Shelves/Cabinets			PARKING SPACE		

BEDRM. 1 /LOFT			BEDRM. 3 (if applicable)		
Light Fixtures/ Electric Outlets			Light Fixtures/ Electric Outlets		
Ceiling/Walls			Ceiling/Walls		
Floor			Floor		
Windows (incl. screens)			Windows (incl. screens)		
Door			Door		
Closet			Closet		
BEDRM. 2 (if applicable)			LIVING ROOM		
Light Fixtures/ Electric Outlets			Light Fixtures/ Electric Outlets		
Ceiling/Walls			Ceiling/Walls		
Floor			Floor		
Windows (incl. screens)			Windows (incl. screens)		
Door			LAUNDRY RM.		
Closet			BASEMENTS		

CHECK-IN COMMENTS:

_____ **Co-op Representative** **Date**

_____ **Co-op Representative** **Date**

_____ **Co-op Representative** **Date**

CHECK-OUT COMMENTS:

Forwarding Address: _____

_____ **Member(s) Signature(s)** **Date**

_____ **Co-op Representative** **Date**

_____ **Co-op Representative** **Date**

_____ **Co-op Representative** **Date**