

**LOFGREN PROPERTIES LLC  
CHECK IN FORM**

Resident Name(s) \_\_\_\_\_  
Apartment Address \_\_\_\_\_ Apt. Number \_\_\_\_\_  
Date Moved In- \_\_\_\_\_ **Phone Number** \_\_\_\_\_

Please complete and return this form within 7 days. Please explain each defective item or mark it with an X. Please remember to sign the bottom.

**KITCHEN**

- \_\_\_ Stove
- \_\_\_ Burners
- \_\_\_ Range Hood
- \_\_\_ Refrigerator (inside and outside)
- \_\_\_ Dishwasher
- \_\_\_ Disposal
- \_\_\_ Sink/faucets
- \_\_\_ Countertops
- \_\_\_ Cabinet shelves and drawers
- \_\_\_ Light fixtures
- \_\_\_ Floor
- \_\_\_ Misc.
- \_\_\_ Walls/Ceiling

**LIVING ROOM**

- \_\_\_ Light fixtures
- \_\_\_ Radiators
- \_\_\_ Closet doors/shelves
- \_\_\_ Walls/Ceiling
- \_\_\_ Flooring
- \_\_\_ Windows/Patio Door

\_\_\_ Air Conditioner

**DINING ROOM**

- \_\_\_ Light fixtures
- \_\_\_ Walls/Ceiling
- \_\_\_ Flooring
- \_\_\_ Closet doors/shelves

**STORAGE UNIT**

- \_\_\_ Light fixture
- \_\_\_ Clean, swept, empty

**MISCELLANEOUS**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BATHROOM**

- \_\_\_ Sink
- \_\_\_ Toilet
- \_\_\_ Medicine Cabinet
- \_\_\_ Tub/Shower
- \_\_\_ Mirror
- \_\_\_ Light fixtures
- \_\_\_ Cabinet shelves and drawers
- \_\_\_ Walls/Ceiling

**BEDROOM**

- \_\_\_ Light fixture
- \_\_\_ Closet doors and shelves

\_\_\_ Radiators

\_\_\_ Walls/Ceiling

\_\_\_ Flooring

**BEDROOM**

- \_\_\_ Light fixtures
- \_\_\_ Closet doors and shelves

\_\_\_ Radiators

\_\_\_ Walls/Ceiling

\_\_\_ Flooring

**BEDROOM**

- \_\_\_ Light fixtures
- \_\_\_ Closet doors and shelves

\_\_\_ Radiators

\_\_\_ Walls/Ceiling

\_\_\_ Flooring

**BEDROOM**

- \_\_\_ Light fixtures
- \_\_\_ Closet doors and shelves

\_\_\_ Radiators

\_\_\_ Walls/Ceiling

\_\_\_ Flooring

The undersigned has inspected and accepts the condition of this apartment and its equipment.

Lessee: \_\_\_\_\_ Date \_\_\_\_\_ Lessee: \_\_\_\_\_ Date \_\_\_\_\_  
Lessee: \_\_\_\_\_ Date \_\_\_\_\_ Lessee: \_\_\_\_\_ Date \_\_\_\_\_