



WEIDA APARTMENTS
PROPERTY CHECKLIST

Apartment Address: _____

*It is very important that you take the time to fill out and return this form to our office within one week of moving in. You need to be specific! Please note all holes, scratches, and damages. *Items that you would like repaired need to be marked in a highlighter.* Items not highlighted, will not be fixed, but kept on permanent record in our office and referred to when your deposit refund is calculated. This checklist is used for every apartment, there for if an item listed on the checklist is not present in your apartment please cross it out.

*A Few Notes: (1) Shower curtains are not provided. Also, some apartments do not have a shower rod (they may be purchased at Wal-Mart). (2) Your water may have a sulfur smell due to being vacant. You can eliminate this by turning on the hot water & letting it run until it's cold. (3) If any of your appliances don't work, first make sure that they are plugged in & secondly that all your breakers are on. Your breaker box is the gray box on the wall & is usually located in the hallway. (4) You are responsible for turning on your utilities. Make sure you call and set them up, even if they are on when you arrive.

Bedroom #1

Carpet: _____
Ceiling: _____
Light Fixture/Bulbs: _____
Walls: _____
Outlets/Switches: _____
Bedroom Door: _____
Closet Door: _____
Window/Screen/Blind: _____
Other: _____

Bedroom #2

Carpet: _____
Ceiling: _____
Light Fixture/Bulbs: _____
Walls: _____
Outlets/Switches: _____
Bedroom Door: _____
Closet Door: _____
Window/Screen/Blind: _____
Other: _____

Bedroom #3

Carpet: _____
Ceiling: _____
Light Fixture/Bulbs: _____
Walls: _____
Outlets/Switches: _____
Bedroom Door: _____
Closet Door : _____
Window/Screen/Blind: _____
Other: _____

Bedroom #4

Carpet: _____
Ceiling: _____
Walls: _____
Outlets/switches: _____
Bedroom Door: _____
Closet Door: _____
Window/Screen/Blind: _____
Other: _____

Bathroom #1

Floor/Tile: _____
Cabinet: _____
Counter Top: _____
Sink: _____
Mirror: _____
Closet: _____
Ceiling: _____
Light Fixture/Bulbs: _____
Bath Fan/Light/Bulbs: _____
Shower/Tub: _____
Walls: _____
Outlets/Switches: _____
Toilet: _____
Toilet Paper Holder/Roller: _____
Towel Bar(s): _____
Door: _____
Other: _____

Bathroom #2

Floor/Tile: _____
Cabinet: _____
Counter Top: _____
Sink: _____
Mirror: _____
Closet: _____
Ceiling: _____
Light Fixture/Bulbs: _____
Bath Fan/Light/Bulbs: _____
Shower/Tub: _____
Walls: _____
Outlets/Switches: _____
Toilet: _____
Toilet Paper Holder/Roller: _____
Towel Bar(s): _____
Door: _____
Other: _____

Furniture Provided by Weida Apartments

<u>Quantity</u>					<u>Condition</u>
Mattress:	1	2	3	4	_____
Box Spring:	1	2	3	4	_____
Frame:	1	2	3	4	_____
Dressers:	1	2	3	4	_____
Table:	1	2	3	4	_____
Chairs:	1	2	3	4	_____
Other:	1	2	3	4	_____

Living Room

Entry Door/Lock Set: _____
 Carpet: _____
 Ceiling: _____
 Walls: _____
 Outlets/Switches: _____
 Light Fixture/Bulbs: _____
 Doors/Closets: _____
 Windows: _____
 Window Screens: _____
 Window Blinds: _____
 Sliding Glass Door: _____
 Other: _____

Patio/Balcony

Floor: _____
 Spindles: _____
 Light Fixture/Bulbs: _____

Kitchen

Counter Tops: _____
 Cabinets: _____
 Light Fixtures/Bulbs: _____
 Ceiling: _____
 Closet: _____
 Walls: _____
 Tile Flooring: _____
 Outlets/Switches: _____
 Windows: _____
 Window Screens: _____
 Window Blinds: _____
 Dishwasher: _____
 Oven/Range/Burner Pans: _____
 Refrigerator: _____
 Microwave: _____
 Garbage Disposal: _____
 Sink: _____
 Sink Strainer/Sink Plug: _____

Misc. Appliances:

Air Conditioner: _____
 Water Heater: _____

Repairs will be done as soon as possible. Please keep in mind that we have a large volume of repair work from May to September. Emergencies have first priority. We appreciate your patience and cooperation. If you have any questions, please contact the office at 765-743-0317. Thank you!

Resident Name	Resident Signature	Phone Number	Email Address	Date

OFFICE USE ONLY

Date Returned: _____

Work Order Number: _____