Resident Admission Checklist
Maintainance

Resident Name:______________________________________________________________

Apt. #:_____________________  Move In Date:_______________________________________

PRIOR TO MOVE-IN

☐ Apartment Inspection Report (Addendum D) completed with all items in good condition and/or working order. Apartment Inspection Report turned in to Business Office Manager

BY END OF FIRST DAY OF MOVE-IN

☐ Greet resident and explain work order process, and billing charges for extra maintenance tasks, etc.

☐ Demonstrate to resident how to operate heating/cooling system

☐ Demonstrate to resident how to operate microwave & shower

☐ Explain Fire Drills and resident responsibility during drills and/or emergencies. Show emergency exits.

☐ Discuss and review company policy on no use of extension cords, and all electrical appliances brought in for use by resident, must be approved by community management prior to use.

☐ Any electrical appliances brought in by resident have been inspected and approved for use. List inspected and approved electrical appliances, below:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

_______________________________________________ __________________________
Maintenance Signature                          Date