Welcome Home!

Date: [Date]

Property Address: [Unit Number/Street Address]

Dear [Resident Name],

Welcome to your new home! We are thrilled to have you as a resident. Our goal is to provide a comfortable and enjoyable living environment for you.

Important Information:

- **Emergency Maintenance:** [Phone Number]
- **Office Hours:** [Hours]
- **Rent Payment Portal:** [URL/Method]
- **Trash Pickup Days:** [Days]

Please find the Move-In Inspection Checklist below. Please complete and return this form to the office within [Number] days of move-in to ensure any pre-existing conditions are documented.

Best regards,

[Property Manager Name]
[Management Company Name]

Move-In Inspection Checklist

Resident Name: _____ Unit: _____ Date: _____

Area	Condition (Good/Fair/Poor)	Comments/Damages
KITCHEN		
Stove/Oven		
Refrigerator		
Cabinets/Countertops		
LIVING ROOM		
Flooring/Carpet		
Walls/Ceiling		
Windows/Blinds		

Area	Condition (Good/Fair/Poor)	Comments/Damages
BATHROOM		
Toilet		
Shower/Tub		
Sink/Plumbing		
BEDROOM(S)		
Closets		
Light Fixtures/Outlets		

Signatures:

Resident Signature: _____ Date: _____

Management Signature: _____ Date: _____