

# HPM INSPECTION CHECK IN SHEET

Address: \_\_\_\_\_ Move in date: \_\_\_\_\_

Tenant(s): \_\_\_\_\_

Main contact phone number(s): \_\_\_\_\_

# of keys received: Unit: \_\_\_\_\_ Mail: \_\_\_\_\_ Laundry Room: \_\_\_\_\_ Security door: \_\_\_\_\_

Garage door: \_\_\_\_\_ Garage door remotes: \_\_\_\_\_ Hang Tags: \_\_\_\_\_

Please note the exact location and write a brief description of any damage in the unit. Additional information may be written on another paper and turned into the office with this check in sheet.

<b>KITCHEN/DININGROOM:</b>
Floors & baseboards
Walls/ceilings/vents
Switches & outlets
Sink & counter top
Cabinets
Stove/range/hood
Refrigerator
Garbage disposal
Microwave
Dishwasher
Windows/screens
Window coverings
Lights/ceiling fan
Other
<b>LIVINGROOM:</b>
Doors/locks/stoppers
Floors/carpet
Walls/ceiling/vents
Windows/screens
Window coverings
Switches & outlets
Lights/ceiling fan
Closet
Other
<b>BATHROOM:</b>
Doors/locks/stoppers
Floors & baseboards
Walls/ceilings/vents
Shower & tub
Sink & counter
Toilet
Lights
Switches & outlets
Medicine Cabinet
Storage cabinets
Closet/shelves
Towel racks/fixtures
Other

<b>BEDROOM 1:</b>
Doors/locks/stoppers
Floors/carpet
Walls/ceiling/vents
Windows/screens
Window coverings
Switches & outlets
Lights/ceiling fan
Closet
Other
<b>BEDROOM 2:</b>
Doors/locks/stoppers
Floors/carpet
Walls/ceiling/vents
Windows/screens
Window coverings
Switches & outlets
Lights/ceiling fan
Closet
Other
<b>BEDROOM 3:</b>
Doors/locks/stoppers
Floors/carpet
Walls/ceiling/vents
Windows/screens
Window coverings
Switches & outlets
Lights/ceiling fan
Closet
Other
<b>BASEMENT:</b>
Floor
Walls/ceiling/vents
Washer/dryer
Lights/ceiling fan
Switches & outlets
Doors/locks/stoppers
<b>GARAGE/PORCH/YARD/DRIVEWAY:</b>
Doors, locks, openers
Walls & ceilings
Lights
<b>OTHER:</b>

# Heritage Property Management

220 E. Market St. Iowa City, IA 52245  
Ph. 319-351-8404 / Fax 319-351-1928  
hpmanagement@qwestoffice.net  
www.hpmic.com

## TENANT PERSONAL INFORMATION SHEET

Address: \_\_\_\_\_ Main Contact Phone Number: \_\_\_\_\_

	<u>Tenant name(s):</u>	<u>Cell phone #:</u>	<u>Work phone #:</u>	<u>Email address:</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Emergency contact information for:

Tenant #1 Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact person home/cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Tenant #2 Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact person home/cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Tenant #3 Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact person home/cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Tenant #4 Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact person home/cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Tenant #5 Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact person home/cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Tenant #6 Person to contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact person home/cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Additional information you would like us to know:

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

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## RECEIPT & ACKNOWLEDGEMENT

I/We, the undersigned, current tenants of \_\_\_\_\_  
do hereby acknowledge that a smoke alarm and/or a fire extinguisher is installed  
in my/our unit.

I/We do further acknowledge that this equipment is to remain within the rental  
unit at all times for the purpose for which it is intended and that I/we will  
safeguard it from damage. I/We agree to test smoke alarms, replace the batteries  
as needed, and advise Heritage of any problems. In the event it is necessary to  
use this equipment, I/we agree to notify Heritage promptly.

\_\_\_\_\_  
Tenant Signature/Date

\_\_\_\_\_  
Tenant Signature/Date

\_\_\_\_\_  
Tenant Signature/Date

\_\_\_\_\_  
Tenant Signature/Date

\_\_\_\_\_  
Tenant Signature/Date

\_\_\_\_\_  
Tenant Signature/Date