



TENANCY CHECK IN LIST

Property Address:

Tenant(s) Name:

The tenant(s) has been provided with the following information	Circle as applicable		
Inventory (photographs held with Agent)	Yes	No	To follow
Receipt for Rent	Yes	No	To follow
Receipt for Deposit	Yes	No	To follow
Standing Order Mandate Completed	Yes	No	To follow
Assured Shorthold Tenancy Agreement	Yes	No	To follow
Gas Meter Reading:.....	Yes	No	To follow
Gas Supplier	Yes	No	To follow
Gas Certificate	Yes	No	To follow
Electricity Meter Reading:.....	Yes	No	To follow
Electricity Supplier	Yes	No	To follow
Electrical Certificate	Yes	No	To follow
Energy Performance Certificate	Yes	No	To follow
Council Tax details	Yes	No	To follow
Water supplier	Yes	No	To follow
Water Meter Reading:.....	Yes	No	To follow
Mail forwarded details	Yes	No	To follow
Alarm Code Setting	Yes	No	To follow
Stop Tap location	Yes	No	To follow
Smoke Alarms instructions	Yes	No	To follow
Appliance/heating instructions	Yes	No	To follow
Prescribed Information Relating to Tenancy Deposit & Terms & Conditions	Yes	No	To follow
Emergency Contact Number	Yes	No	To follow
Miscellaneous			

Agreed and signed by Tenant(s) _____ **Date:** _____