

INVENTORY CHECKLIST

This inventory form is for your protection. It helps establish the condition of your apartment at the time of your arrival, and should be completed and returned to your landlord within the first three days of occupancy.

At least one week before moving out, arrange a time to complete the final inspection.

Be specific and check carefully when completing this form. Look for dust, grease, stains, burns, damages, and wear and tear. Cross out items that do not apply, and attach additional paper if more space is needed.

NOTE: Copies of the entire inventory, including any attachments, should be provided to you and your landlord.

Address: _____ Date Occupied: _____

KITCHEN	Quantity (if applicable)	Condition on Arrival	Condition Upon Departure
EXAMPLE: SINK	1	<i>Rust stains on bottom</i>	
Floor Covering			
Walls/Paint/Ceiling			
Light Fixtures			
Cupboards			
Counter surfaces (scratches, stains)			
Cutting board			
Refrigerator (egg trays, ice trays, drawers, etc.)			
Stove & Oven, Range Hood (broiler pans, grills, etc.)			
Sink & Garbage Disposal			
Dishwasher			
Microwave			
Table & chairs			
Doors & hardware			
Windows (including window coverings, screens, etc.)			

LIVING ROOM

Floor Covering			
Walls/Paint/Ceiling			
Light Fixtures			
End Tables			
Coffee Table			
Sofa			
Chairs			
Lamp(s)			
Doors & Hardware			
Windows (including window coverings, screens, etc.)			
Other (specify)			

BEDROOM

	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 1	Bedroom 2	Bedroom 3
Floor Covering						
Walls/Paint/Ceiling						
Closet (including doors & tracks)						
Desk(s) and Chair(s)						
Dresser(s)						

(Continued on back)

BEDROOM (continued)

Bedroom 1 Bedroom 2 Bedroom 3 Bedroom 1 Bedroom 2 Bedroom 3

Bed(s), (frame, pads, box springs, mattress-check both sides)						
Windows (including window coverings, screens, etc.)						
Doors & Hardware						
Night Stand(s)						
Light Fixtures						
Lamp(s)						
Bookshelves						
Other (specify)						

BATHROOM

Bathroom 1 Bathroom 2 Bathroom 1 Bathroom 2

Floor Covering				
Walls/Paint/Ceiling				
Shower and Tub (walls, door tracks, shower curtain rings)				
Toilet				
Toilet Paper Holder				
Plumbing Fixtures				
Cabinets				
Towel Racks				
Fan				
Mirror				
Windows (including window coverings, screens, etc.)				
Doors & Hardware				
Sink				
Light Fixtures				
Other (specify)				

HALLWAYS OR OTHER AREAS

Floor Covering		
Walls/Paint/Ceiling		
Light Fixtures		
Closet including doors & tracks		
Air Conditioner(s) Filter		
Heater Filter		
Doorbell/Knocker		
Screen Door(s)		
Outside Light(s)		
Patio, Deck, Yard (planted areas, ground covering, fencing, etc.)		
Smoke Detectors		
Keys (apartment, mailbox)		
Other (specify)		

_____ Date of Arrival Inspection

_____ Date of Departure Inspection

_____ Tenant Signature

_____ Tenant Signature

_____ Landlord Signature

_____ Landlord Signature