

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)						

BEDROOM (continued)

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

(Continued on back)

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