

TENANT NAME _____

DATE: _____

ADDRESS _____ **APT#** _____

LOCKS: Any broken or missing locks on patio door, front door or windows?

FURNITURE INVENTORY:

Number _____ **Condition** _____

CONDITION OF FLOORS (dirt, burns, etc.)

Sofa/Couch _____
Living room chairs _____
Coffee tables _____
End tables _____
Dining table _____
Dining chairs _____

Living room _____

Hallway _____

Kitchen (check behind fridge and oven) _____

Beds: Check BOTH sides of mattresses for stains:

Bedroom 1 _____

Bedroom 2 _____

Bedroom 3 _____

Bedroom 4 _____

Desks _____

Desk chairs _____

Dressers _____

Lamps _____

Blinds (or curtains) _____

Bathroom 1 _____

Bathroom 2 _____

CONDITION OF WALLS: (holes, marks)

Living room _____

Hallway _____

Kitchen _____

Bedroom 1 _____

Carpets shampooed? Y N

Carpet cleaning needed? Y N

Bedroom 2 _____

CONDITION OF CEILINGS (hooks, stains):

Bedroom 3 _____

LIGHT FIXTURE COVERS BROKEN OR MISSING?

Bedroom 4 _____

Bathroom 1 _____

WINDOWS: Broken windows, missing storm windows, dirty windows, missing locks:

Bathroom 2 _____

DAMAGE TO DOORS:

SMOKE DETECTOR? Y N

Batteries in smoke detector? Y N

Smoke detector works? Y N

SCREENS: Missing, torn, frames broken?

CARBON MONOXIDE DETECTOR? Y N

Batteries in detector? Y N

Does it work? Y N

NUMBER OF WORKING LIGHT BULBS:

APPLIANCES AND FIXTURES: Indicate whether clean or dirty and any damage.

Refrigerator

Fridge, shelves, drawers (how many)

Oven

Broiler pan & oven racks

Range & drip pans

Range hood

Kitchen exhaust fan

Garbage Disposal

Microwave oven

Dishwasher

Kitchen cabinets

Counter tops

Kitchen sink

BATH 1: Toilet

Shower/Tub

Tub surround

Bathroom sink

Bathroom cabinets

Bath exhaust fan

Medicine cabinet

BATH 2: Toilet

Shower/Tub

Tub surround

Bathroom sink

Bathroom cabinets

Bath exhaust fan

Medicine cabinet

Air conditioner

Washer/dryer

Other

KEYS: RECEIVED RETURNED

ATTACHMENTS: List all attachments such as mirrors, chain lock on door, bookshelves, towel racks or hooks on doors or walls: _____

DRAINS: List any drains (sinks, tub) that drain slowly or are clogged: _____

FIRE EXTINGUISHER? Y N

If yes, is it fully charged? Y N

OTHER DAMAGE: _____

Number of additional pages attached: _____

Signature of Tenant

Dated

Signature of Landlord, Witness or Subtenant

Dated

Signed or attested before me by:

on _____ 20

NOTARY PUBLIC