Inspection Checklist

Complete this inventory checklist as soon as you sign the lease to your apartment. If possible, have the apartment manager sign it as well. If your manager will not sign it, send him/her a copy of it and make sure to keep the original for your records.

Apartment Address and Apartment Number:

_____

Living Room

Item	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering (carpeting, tiles, etc.)			
Windows (curtains, blinds, etc.)			
Doors			
Light Fixtures			
Lamp(s)			
Furniture			
Other			

Kitchen

Item	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Stove, Oven, Range Hood, Broiler Pans, Burners, etc.			
Floor Covering			
Windows (curtains, blinds, etc.)			
Doors			
Light Fixtures			
Cabinets/Drawers			
Countertops			
Sink, Garbage Disposal, Faucet			
Microwave			
Refrigerator			
Dishwasher			
Furniture			
Other			

Bathroom

Item	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows (curtains, blinds, etc.)			
Doors			
Light Fixtures			
Cabinets, drawers			
Sink and Faucet			
Tub/Shower			
Towel Racks			
Toilet			
Mirror/Vanity /Medicine Cabinet			
Water (hot and pressure)			

Bedroom

Item	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering			
Windows (curtains, blinds, etc.)			
Doors			
Light Fixtures			
Closets			
Furniture			
Other			

Other Areas/Items

Item	Quantity/Specific Location	Condition on Arrival	Condition on Departure
Walls and Ceiling			
Floor Covering (carpeting, tiles, etc.)			
Windows (curtains, blinds, etc.)			
Doors			
Light Fixtures			
Shelves			
Doorbell/Door			

knocker			
Yard/Patio/Deck			
Mailbox (check lock)			
External Doors/Locks			
External Lighting			
Garage door opener			
Other			

Move-in Inventory Date _____

Tenant's Signature _____

Landlord's Signature _____

Move-out Inventory Date _____

Tenant's Signature _____

Landlord's Signature Landlord's Signature _____