

## 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.

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Apartment Name, Address, Unit Number

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### Living Room

| Item                            | Quantity/Specific Location | Condition on Arrival | Condition on Departure |
|---------------------------------|----------------------------|----------------------|------------------------|
| Walls and Ceiling               |                            |                      |                        |
| Floor Covering                  |                            |                      |                        |
| Windows (curtain, blinds, etc.) |                            |                      |                        |
| Doors                           |                            |                      |                        |
| Light Fixtures                  |                            |                      |                        |
| Lamp(s)                         |                            |                      |                        |
| Furniture                       |                            |                      |                        |
| Baseboards/Molding              |                            |                      |                        |
| 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                                     |                            |                      |                        |
| Counter Surfaces                                     |                            |                      |                        |
| Sink, Garbage, Disposal, Faucet                      |                            |                      |                        |
| Microwave Oven                                       |                            |                      |                        |
| Refrigerator   |                            |                      |                        |
| Furniture  |                            |                      |                        |
| Dishwasher   |                            |                      |                        |
| 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                 |                            |                      |                        |
| Counter Surfaces                 |                            |                      |                        |
| Sink and Faucet                  |                            |                      |                        |
| Toilet/Tissue Holder             |                            |                      |                        |
| Shower and Tub                   |                            |                      |                        |
| Towel Racks                      |                            |                      |                        |
| Mirror/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(doors and tracks)        |                            |                      |                        |
| Book Shelves                     |                            |                      |                        |
| Molding and Baseboards           |                            |                      |                        |
| Furniture(specify)               |                            |                      |                        |
| Mirror                           |                            |                      |                        |
| Other                            |                            |                      |                        |

**Other Areas**

| Item                             | Quantity/Specific Location | Condition on Arrival | Condition on Departure |
|----------------------------------|----------------------------|----------------------|------------------------|
| Walls and Ceiling                |                            |                      |                        |
| Floor Covering                   |                            |                      |                        |
| Windows (curtains, blinds, etc.) |                            |                      |                        |
| Doors                            |                            |                      |                        |
| Light Fixtures                   |                            |                      |                        |
| Closets(doors and tracks)        |                            |                      |                        |
| Shelves                          |                            |                      |                        |
| Molding and Baseboards           |                            |                      |                        |
| Furniture(specify)               |                            |                      |                        |
| Doorbell/Knocker                 |                            |                      |                        |
| Yard, Patio, Deck                |                            |                      |                        |
| Mailbox (check lock)             |                            |                      |                        |
| External Doors and Locks         |                            |                      |                        |
| Outside Lights                   |                            |                      |                        |
| Other                            |                            |                      |                        |

Move-in Inventory Date \_\_\_\_\_ Move-out Inventory Date \_\_\_\_\_

Tenant's Signature \_\_\_\_\_ Tenant's Signature \_\_\_\_\_

Landlord's Signature \_\_\_\_\_ Landlord's Signature \_\_\_\_\_