

Checklist of Apartment Condition

Complete this form in duplicate when moving in and moving out. One copy to be retained by Owner and one by Tenant.

UNIT ADDRESS

ITEM	CONDITION IN:	CONDITION OUT:
Kitchen: Refrigerator		
Stove		
Cabinets		
Sink/Faucet		
Lights		
Walls/Ceiling		
Floors		
Windows		
Living Room: Walls/Ceiling		
Floors		
Curtains		
Windows		
Lights		
Bathroom: Walls/Ceiling		
Bathtub/Shower		
Sink/Faucets		
Toilet		
Towel Racks		

Floors		
Windows		
Lights		
Bedroom #1: Walls/Ceiling		
Windows		
Floors		
Lights		
Bedroom #2: Walls/Ceiling		
Windows		
Floors		
Lights		
Other:		

IN: / /
DATE

TENANT #1 SIGNATURE

TENANT #2 SIGNATURE

IN: / /
DATE

OWNER'S SIGNATURE

OUT: / /
DATE

TENANT #1 SIGNATURE

TENANT #2 SIGNATURE

OUT: / /
DATE

OWNER'S SIGNATURE