

**Landlord/Tenant Checklist**  
**GENERAL CONDITION OF RENTAL UNIT AND PREMISES**

Street Address \_\_\_\_\_ Unit Number \_\_\_\_\_ City \_\_\_\_\_

	Condition on Arrival	Condition on Initial Move-Out Inspection	Condition on Departure	Estimated Cost of Repair/Replacement
<b>LIVING ROOM</b>				
Floors & Floor Coverings				
Drapes & Window Coverings				
Walls & Ceilings				
Light Fixtures				
Windows, Screens & Doors				
Front Door & Locks				
Smoke Detector				
Fireplace				
Other				
<b>KITCHEN</b>				
Floors & Floor Coverings				
Walls & Ceilings				
Light Fixtures				

Cabinets				
Counters				
Stove/Oven				
Refrigerator				
Dishwasher				
Garbage Disposal				
Sink & Plumbing				
Smoke Detector				
Other				
<b>DINING ROOM</b>				
Floors & Floor Covering				
Walls & Ceilings				
Light Fixtures				
Windows, Screens & Doors				
Smoke Detector				
Other				
<b>BATHROOM</b>				
Floors & Floor Coverings				

Walls & Ceilings				
Windows, Screens & Doors				
Light Fixtures				
Bathtub/Shower				
Sink & Counters				
Toilet				
Other				
<b>BEDROOM</b>				
Floors & Floor Coverings				
Windows, Screens & Doors				
Walls & Ceilings				
Light Fixtures				
Smoke Detector				
Other				
<b>OTHER AREAS</b>				
Heating System				
Air Conditioning				
Lawn/Garden				

Stairs and Hallway				
Patio, Terrace, Deck, etc.				
Basement				
Parking Area				
Other				

[ ] Tenants acknowledge that all smoke detectors and fire extinguishers were tested in their presence and found to be in working order, and that the testing procedure was explained to them. Tenants agree to test all detectors at least once a month and to report any problems to Landlord/Manager in writing. Tenants agree to replace all smoke detector batteries as necessary.

**FURNISHED PROPERTY**

	Condition on Arrival	Condition on Initial Move-Out Inspection	Condition on Departure	Estimated Cost of Repair/Replacement
<b>LIVING ROOM</b>				
Coffee Table				
End Tables				
Lamps				
Chairs				
Sofa				
Other				
<b>KITCHEN</b>				
Broiler Pan				
Ice Trays				
Other				
<b>DINING ROOM</b>				
Chairs				
Stools				
Table				
Other				

<b>BATHROOM</b>				
Mirrors				
Shower Curtain				
Hamper				
Other				
<b>BEDROOM</b>				
Beds (single)				
Beds (double)				
Chairs				
Chests				
Dressing Tables				
Lamps				
Mirrors				
Night Tables				
Other				
<b>OTHER AREAS</b>				
Bookcases				
Desks				

Pictures				
Other				

Use this space to provide any additional explanation:

Landlord/Tenant Checklist completed on moving in on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Landlord/Manager

\_\_\_\_\_ and \_\_\_\_\_  
Tenant

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Tenant

Landlord/Tenant Checklist completed at Initial Move-Out Inspection on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Landlord/Manager

\_\_\_\_\_ and \_\_\_\_\_  
Tenant

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Tenant

Landlord/Tenant Checklist completed on moving out on \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ and \_\_\_\_\_

Landlord/Manager

Tenant

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Tenant

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Tenant