

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	Actual or Estimated Cost of Cleaning/Repair/Replacement
LIVING ROOM				
Floors & Floor Coverings				
Drapes & Window Coverings				
Walls & Ceilings				
Light Fixtures				
Windows, Screens, & Doors				
Front Door & Locks				
Smoke Detector				
Fireplace				
Other				
KITCHEN				
Floors & Floor Coverings				
Walls & Ceilings				
Light Fixtures				
Cabinets				
Counters				

Stove/Oven						
Refrigerator						
Dishwasher						
Garbage Disposal						
Sink & Plumbing						
Windows, Screens, & Doors						
Smoke Detector						
Other						
DINING ROOM						
Floors & Floor Coverings						
Walls & Ceilings						
Light Fixtures						
Windows, Screens, & Doors						
Smoke Detector						
Other						
BATHROOM	Bath 1	Bath 2	Bath 1	Bath 2	Bath 1	Bath 2
Floors & Floor Coverings						
Walls & Ceilings						
Windows, Screens, & Doors						
Light Fixtures						

Bathtub/Shower				
Sink & Counters				
Toilet				
Other				
BEDROOM	Bdrm 1 Bdrm Bdrm 3	Bdrm 1 Bdrm 2 Bdrm 3	Bdrm 1 Bdrm 2 Bdrm 3	
Floors & Floor Coverings				
Windows, Screens, & Doors				
Walls & Ceilings				
Light Fixtures				
Smoke Detector				
Other				
OTHER AREAS				
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		Actual or Estimated Cost of Cleaning/Repair/Replacement
LIVING ROOM						
Coffee Table						
End Tables						
Lamps						
Chairs						
Sofa						
Other						
KITCHEN						
Broiler Pan						
Ice Trays						
Other						
DINING ROOM						
Chairs						
Stools						
Table						
Other						
BATHROOM	Bath 1	Bath 2		Bath 1	Bath 2	
Mirrors						
Shower Curtain						

Hamper				
Other				
BEDROOM	Bdrm 1 Bdrm 2 Bdrm 3		Bdrm 1 Bdrm 2 Bdrm 3	
Beds (single)				
Beds (double)				
Chairs				
Chests				
Dressing Tables				
Lamps				
Mirrors				
Night Tables				
Other				
OTHER AREAS				
Bookcases				
Desks				
Pictures				
Other				

Use this space to provide any additional explanation:

Landlord-Tenant Checklist completed on moving in on _____ and approved by:

_____ and _____

Landlord/Manager

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 _____ and approved by:

Landlord/Manager

and

Tenant

Tenant

Tenant