

Apartment Condition Checklist

Address	Unit (Lower or Upper)	Date of Inspection	
---------	-----------------------	--------------------	--

Resident Name (last name, first)

EXISTING DAMAGES	CHECK-IN	QTY.	DESCRIPTION	QTY.	CHECK OUT	EXISTING DAMAGES
			GARAGE/YARD			
			North Wall			
			East Wall			
			West Wall			
			Garage Doors			
			Front Yard			
			Backyard			
			ENTRANCE/HALLWAY			
			Doors			
			Floors			
			Walls			
			Electrical Outlets			
			KITCHEN			
			North Wall			
			East Wall			
			West Wall			
			South Wall			
			Electrical Outlets			
			Windows/ Screens			
			Blinds/Curtains			
			Floor			
			Ceiling			
			Cabinets			
			Dishwasher			
			Oven			
			Stovetop			
			Refrigerator			
			BASEMENT			
			North Wall			
			East Wall			
			West Wall			
			South Wall			
			Electrical Outlets			
			Windows			
			Washing Machine			
			Dryer			
			Storage Areas			

Apartment Condition Checklist

Apartment Condition Checklist

Address	Unit (Lower or Upper)	Date of Inspection	
---------	-----------------------	--------------------	--

	DESCRIPTION	
--	-------------	--

--	--	--

EXISTING DAMAGES	CHECK-IN	QTY.	BEDROOM 3 ITEMS	QTY.	CHECK OUT	EXISTING DAMAGES
			North Wall			
			East Wall			
			West Wall			
			South Wall			
			Electrical Outlets			
			Window/ Screen			
			Blinds/Curtains			
			Floor/ Carpet			
			Ceiling			
			Smoke Detector			
			Overhead Lights & Switches			
			Bedroom Door			
			Mirror			
			Bedframe			
			Mattress			
			Desk			
			Desk Chair			
			3-drawer night stand			
			Closet			
			Closet Doors			
			Dresser			
			BATHROOM			
			Bathroom Door			
			Bathroom Walls			
			Bathroom Ceiling			
			Bathroom Floor			
			Shower/Tub			
			Toilet			
			Sinks			
			Mirrors			
			Cupboards & Counters			
			Medicine Cabinet			
			Windows			
			Screens			
			Blinds/Curtains			

Notes:

Apartment Condition Checklist

Address	Unit (Lower or Upper)	Date of Inspection	
---------	-----------------------	--------------------	--

	DESCRIPTION	
--	-------------	--

EXISTING DAMAGES	CHECK-IN	QTY.	LIVING / DINING ROOM	QTY.	CHECK OUT	EXISTING DAMAGES
			North Wall			
			East Wall			
			West Wall			
			South Wall			
			Electrical Outlets			
			Windows			
			Screens			
			Blinds/Curtains			
			Floor			
			Ceiling			
			Smoke Detector			
			Overhead Lights & Switches			
			Dining Table			
			Dining Chairs			
			Cushion Couch			
			Cushion Chair			
			Cushion Loveseat			

Notes:

Complete this part at Check-In	Additional Comments:	Complete this part at Check-Out
RESIDENT 1 SIGNATURE: _____ date _____		RESIDENT 1 SIGNATURE: _____ date _____
RESIDENT 2 SIGNATURE: _____ date _____		RESIDENT 2 SIGNATURE: _____ date _____
RESIDENT 3 SIGNATURE: _____ date _____		RESIDENT 3 SIGNATURE: _____ date _____
REVIEWED BY: _____ date _____		LANDLORD SIGNATURE: _____ date _____
LANDLORD SIGNATURE: _____ date _____		
Complete this part at Check-In		Complete this part at Check-Out



