		Apartment (	<b>Condition Check</b>	dist			
Address	Unit (Lov	ver or Upper)					
Resident Name (last name, first)				•			
EXISTING DAMAGES CHECK-IN	QTY.	DESCRIPTION		QTY.	CHECK OUT	EXISTING DAMAGES	
		GAR					
			orth Wall				
		E	ast Wall				
		W	est Wall				
		Gar	age Doors				
			ont Yard				
		В	ackyard				
			NCE/HALLWAY				
			Doors				
			Floors				
			Walls				
		Electi	rical Outlets				
		KITCHEN					
			orth Wall				
		E	ast Wall				
		W	est Wall				
		So	uth Wall				
		Electrical Outlets					
		Windo	ows/ Screens				
		Blind					
		Floor Ceiling Cabinets Dishwasher					
		Oven					
		Stovetop					
		Ref	frigerator				
		BASEMENT					
		North Wall					
		East Wall					
	1	West Wall South Wall					
	+	Electi					
	+ +		/indows ing Machine				
	+ +		Dryer				
	+ +		rage Areas				
		3(0)	age Aleas				

Address	Unit (Lower or Upper) Date of Inspection	
	DESCRIPTION	
	DESCRIPTION	
EXISTING DAMAGES CHECK-IN	QTY. BEDROOM 1 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 & Switch	ies
	Bedroom Door	
	Mirror	
	Bedframe	
	Mattress	
	Desk	
	Desk Chair	
	3-drawer night stand	
	Closet	
	Closet Doors	
	Dresser	
	BEDROOM 2 ITEMS	
	North Wall	
	East Wall	
	West Wall	
	South Wall	
	Electrical Outlets	
	Window/ Screen	
	Blinds/Curtains	
	Floor/ Carpet	
	Ceiling	
	Smoke Detector	
	Overhead Lights & Switch	ies
	Bedroom Door	
	Mirror	
	Bedframe	
	Mattress	
	Desk	
	Desk Chair	
	3-drawer night stand	
	Closet	
	Closet Doors	
	Dresser	

Apartment Condition Checklist									
Address	Unit (Lo	ower or Upper) Date of Inspection							
			DESCRIPTION						
EXISTING DAMAGES CHECK-IN	QTY.	BEDRO	OOM 3 ITEMS	QTY.	CHECK OUT	EXISTING DAMAGES			
		North Wall							
			ast Wall						
			est Wall						
			outh Wall						
			rical Outlets						
			low/ Screen						
			ds/Curtains						
			or/ Carpet						
			Ceiling						
			ke Detector						
			Lights & Switches						
			room Door						
			Mirror						
			edframe						
		N	Mattress						
			Desk						
			esk Chair						
			er night stand						
			Closet set Doors						
			Dresser BATHROOM		1				
		Bathroom Door Bathroom Walls							
			Bathroom Ceiling Bathroom Floor						
			ower/Tub						
			Toilet						
			Sinks						
		r	Mirrors						
			rds & Counters						
			cine Cabinet						
			Vindows						
			Screens						
			ds/Curtains						
Notes:			•						

		Anartmant	Candition Charlel	:			
Address IIIe's		Apartment Condition Checklis					
Address	Unit (LO	ower or Upper) Date of Inspection					
			DESCRIPTION				
				•			
EXISTING DAMAGES CHECK-IN	QTY.	LIVING /	DINING ROOM	QTY.	CHECK OUT	EXISTING DAMAGES	
		No	orth Wall				
		E	ast Wall				
			est Wall				
			uth Wall				
			rical Outlets				
		W					
		9					
		Blind	ds/Curtains				
			Floor				
			Ceiling				
			ke Detector				
			Lights & Switches				
			ing Table				
			ning Chairs				
			hion Chair				
			onLoveseat				
Complete this part at Check-In		Additional Comr	ments:	Т	Complet	e this part at Check-Out	
RESIDENT 1					L		
SIGNATURE: date	date					date	
RESIDENT 2 SIGNATURE: date				RESIDENT 2 SIGNATURI		date	
RESIDENT 3			RESIDENT 3				
SIGNATURE: date			SIGNATURI		date		
REVIEWED BY: date				LANDLORD			
LANDLORD		-			<u> </u>	date	
SIGNATURE: date							
Complete this part at Check-In					Complet	e this part at Check-Out	





















