



INVENTORY OF EXISTING PHYSICAL CONDITION OF APARTMENT AND FURNISHINGS

RESIDENT NAME _____

APARTMENT ADDRESS _____

1. Condition- Indicate number of items (where applicable) and location and nature of soil, damages, marks etc
2. This form does not serve as a request for repairs
3. "YOU SHOULD COMPLETE THIS CHECKLIST, NOTING THE CONDITION OF THE RENTAL PROPERTY, AND SUBMIT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT. YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS WHAT CLAIMS WERE CHARGEABLE TO THE LAST PRIOR TENANTS."

KITCHEN AND DINNING AREA	CONDITIONS			
Cabinets				
Floor and window coverings				
Walls and ceiling				
Plastic and tile surfaces				
Electric fixtures				
Stove (burners, oven)				
Refrigerator (freezer)				
Sink (disposal)				
Table and chairs				
LIVING ROOM				
Walls and ceiling				
Floor and window covering				
Electric fixtures				
Sofa and chairs				
Coffee and end tables				
BATHROOM				
Shower and tub				
Sink				
Toilet				
Walls and ceiling				
Floor and window covering				
Towel racks				
BEDROOMS	BED 1	BED 2	BED 3	BED 4
Walls and ceiling				
Floor and window covering				
Closet and doors				
Electric fixtures				
Beds				
Mattress				
Dressers				
Desk and chair				
HALLWAY WITHIN UNIT				
Walls and ceiling				
Floor coverings				
Closet				
Railings				
Electric fixtures				
Furniture				
MISCELLANEOUS				
Windows and screens				
Doors and locks				
Air conditioning				
Thermostat				
Storage area				
Number of keys received				

Signature of Lessee _____

Date _____

Signature of Authorized Agent _____

Date _____