

**TENANT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **APT#** \_\_\_\_\_

**FURNITURE INVENTORY:**

<u>Number</u>	<u>Condition</u>
Sofa/Couch	
Living room chairs	
Coffee tables	
End tables	
Dining table	
Dining chairs	
Beds	
Desks	
Desk chairs	
Dressers	
Lamps	
Blinds (or curtains)	

**CONDITION OF WALLS: (holes, marks)**

**Living room** \_\_\_\_\_

**Hallway** \_\_\_\_\_

**Kitchen** \_\_\_\_\_

**Bedroom 1** \_\_\_\_\_

**Bedroom 2** \_\_\_\_\_

**Bedroom 3** \_\_\_\_\_

**Bedroom 4** \_\_\_\_\_

**Bathroom 1** \_\_\_\_\_

**Bathroom 2** \_\_\_\_\_

**DAMAGE TO DOORS:**

**SMOKE DETECTOR?**  Y  N

Batteries in smoke detector?  Y  N

Smoke detector works?  Y  N

**FIRE EXTINGUISHER?**  Y  N

If yes, is it fully charged?  Y  N

**DATE:** \_\_\_\_\_

**LOCKS: Any broken or missing locks on patio door, front door or windows?** \_\_\_\_\_

**CONDITION OF FLOORS (dirt, burns, etc.)**

**Living room** \_\_\_\_\_

**Hallway** \_\_\_\_\_

**Kitchen (check behind fridge and oven)** \_\_\_\_\_

**Bedroom 1** \_\_\_\_\_

**Bedroom 2** \_\_\_\_\_

**Bedroom 3** \_\_\_\_\_

**Bedroom 4** \_\_\_\_\_

**Bathroom 1** \_\_\_\_\_

**Bathroom 2** \_\_\_\_\_

Carpets shampooed?  Y  N

Carpet cleaning needed?  Y  N

**CONDITION OF CEILINGS (hooks, stains):**

**LIGHT FIXTURE COVERS BROKEN OR MISSING?**

**WINDOWS: Broken windows, missing storm windows, dirty windows, missing locks:**

**SCREENS: Missing, torn, frames broken?**

**NUMBER OF WORKING LIGHT BULBS:**

**APPLIANCES AND FIXTURES:** Indicate whether clean or dirty and any damage.

Refrigerator \_\_\_\_\_

Fridge, shelves drawers (how many) \_\_\_\_\_

Oven \_\_\_\_\_

Broiler pan & oven racks \_\_\_\_\_

Range & drip pans \_\_\_\_\_

Range hood \_\_\_\_\_

Kitchen exhaust fan \_\_\_\_\_

Garbage Disposal \_\_\_\_\_

Microwave oven \_\_\_\_\_

Dishwasher \_\_\_\_\_

Kitchen cabinets \_\_\_\_\_

Counter tops \_\_\_\_\_

Kitchen sink \_\_\_\_\_

BATH 1: Toilet \_\_\_\_\_

Shower/Tub \_\_\_\_\_

Tub surround \_\_\_\_\_

Bathroom sink \_\_\_\_\_

Bathroom cabinets \_\_\_\_\_

Bath exhaust fan \_\_\_\_\_

Medicine cabinet \_\_\_\_\_

BATH 2: Toilet \_\_\_\_\_

Shower/Tub \_\_\_\_\_

Tub surround \_\_\_\_\_

Bathroom sink \_\_\_\_\_

Bathroom cabinets \_\_\_\_\_

Bath exhaust fan \_\_\_\_\_

Medicine cabinet \_\_\_\_\_

Air conditioner \_\_\_\_\_

Washer/dryer \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**# KEYS:** RECEIVED RETURNED

**ATTACHMENTS:** List all attachments such as mirrors, chain lock on door, bookshelves, towel racks or hooks on doors or walls: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DRAINS:** List any drains (sinks, tub) that drain slowly or are clogged: \_\_\_\_\_

\_\_\_\_\_

**OTHER DAMAGE:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Number of additional pages attached: \_\_\_\_\_

\_\_\_\_\_  
Signature of Tenant

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Signature of Landlord, Witness or Subtenant

\_\_\_\_\_  
Dated

Subscribed and sworn to before me by

\_\_\_\_\_

on \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC