

LANDLORD-TENANT CHECKLIST—GENERAL CONDITION OF ROOMS

(see reverse side for furnished property)

Street Address	Unit Number	City				
			Condition on Arrival	Condition on Departure	Estimated Cost of Repair/Replacement	
Living Room						
Floors & Floor Coverings						
Drapes & Window Coverings						
Walls & Ceilings						
Light Fixtures						
Windows, Screens & Doors						
Front Door & Locks						
Smoke Detector						
Fireplace						
Other						
Other						
Kitchen						
Floors & Floor Coverings						
Walls & Ceilings						
Light Fixtures						
Cabinets						
Counters						
Stove/Oven						
Refrigerator						
Dishwasher						
Garbage Disposal						
Sink & Plumbing						
Smoke Detector						
Other						
Other						
Dining Room						
Floors & Floor Covering						
Walls & Ceiling						
Light Fixtures						
Windows, Screens & Doors						
Smoke Detector						
Other						
Other						
Bathroom(s)						
	Bath 1	Bath 2	Bath 1	Bath 2		
Floors & Floor Coverings						
Walls & Ceilings						
Windows, Screens & Doors						
Light Fixtures						
Bathtub/Shower						
Sink & Counters						
Toilet						
Other						
Other						
Bedroom(s)						
	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 1	Bedroom 2	Bedroom 3
Floors & Floor Coverings						
Windows, Screens & Doors						
Walls & Ceilings						
Light Fixtures						
Smoke Detectors						
Other						
Other						
Other Areas						
Furnace/Heater						
Air Conditioning						
Lawn/Ground Covering						
Garden						
Patio, Terrace, Deck, etc.						
Other						
Other						

Tenants acknowledge that all smoke detectors 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.

LANDLORD-TENANT CHECKLIST—FURNISHINGS

	Condition on Arrival			Condition on Departure			Estimated Cost of Repair/Replacement		
Living Room									
Coffee Table									
End Tables									
Lamps									
Chairs									
Sofa									
Other									
Other									
Kitchen									
Broiler Pan									
Ice Trays									
Other									
Other									
Dining Area									
Chairs									
Stools									
Table									
Other									
Other									
Bathroom(s)	Bath 1	Bath 2			Bath 1	Bath 2			
Dresser Tables									
Mirrors									
Shower Curtain									
Hamper									
Other									
Other									
Bedroom(s)	Bedroom 1	Bedroom 2	Bedroom 3			Bedroom 1	Bedroom 2	Bedroom 3	
Beds (single)									
Beds (double)									
Chairs									
Chests									
Dressing Tables									
Lamps									
Mirrors									
Night Tables									
Other									
Other									
Other Areas									
Bookcases									
Desks									
Pictures									
Other									
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 on moving out on _____, _____, and approved by:

_____ and _____

Landlord/Manager

Tenant

Tenant

Tenant