

APARTMENT INVENTORY and CONDITION REPORT

Use this report to record the contents and condition of your unit / apartment when you move in and before moving out. If you mark anything as being dirty or damaged, describe it fully on an additional sheet. Use the blank before each item to indicate how many there are.

Most importantly: Be sure the landlord signs your copy of this report.

LIVING ROOM **Damaged?**

| | | |
|-------------------|---|---|
| ___ Couch | Y | N |
| ___ Chair | Y | N |
| ___ End Table | Y | N |
| ___ Table Lamp | Y | N |
| ___ Coffee Table | Y | N |
| ___ Light Fixture | Y | N |
| ___ Rug / Carpet | Y | N |
| ___ Floor | Y | N |
| ___ Walls | Y | N |
| ___ Ceiling | Y | N |

BEDROOM # ___ **Damaged?**

| | | |
|--------------------|---|---|
| ___ Bed Frames | Y | N |
| ___ Headboards | Y | N |
| ___ Mattress | Y | N |
| ___ Mattress Cover | Y | N |
| ___ Bed Springs | Y | N |
| ___ Dresser | Y | N |
| ___ Night Stand | Y | N |
| ___ Curtains | Y | N |
| ___ Mirror | Y | N |
| ___ Light Fixture | Y | N |
| ___ Floor | Y | N |
| ___ Rug / Carpet | Y | N |
| ___ Walls | Y | N |
| ___ Ceiling | Y | N |

BEDROOM # ___ **Damaged?**

| | | |
|--------------------|---|---|
| ___ Bed Frames | Y | N |
| ___ Headboards | Y | N |
| ___ Mattress | Y | N |
| ___ Mattress Cover | Y | N |
| ___ Bed Springs | Y | N |
| ___ Dresser | Y | N |

| | | |
|-------------------|---|---|
| ___ Night Stand | Y | N |
| ___ Curtains | Y | N |
| ___ Mirror | Y | N |
| ___ Light Fixture | Y | N |
| ___ Floor | Y | N |
| ___ Rug / Carpet | Y | N |
| ___ Walls | Y | N |
| ___ Ceiling | Y | N |

BEDROOM # ___ **Damaged?**

| | | |
|--------------------|---|---|
| ___ Bed Frames | Y | N |
| ___ Headboards | Y | N |
| ___ Mattress | Y | N |
| ___ Mattress Cover | Y | N |
| ___ Bed Springs | Y | N |
| ___ Dresser | Y | N |
| ___ Night Stand | Y | N |
| ___ Curtains | Y | N |
| ___ Mirror | Y | N |
| ___ Light Fixture | Y | N |
| ___ Floor | Y | N |
| ___ Rug / Carpet | Y | N |
| ___ Walls | Y | N |
| ___ Ceiling | Y | N |

KITCHEN **Damaged?**

| | | |
|----------------------|---|---|
| ___ Working Stove | Y | N |
| ___ Working Oven | Y | N |
| ___ Oven Racks | Y | N |
| ___ Broiler Pan | Y | N |
| ___ Refrigerator | Y | N |
| ___ Ice Trays | Y | N |
| ___ Sink | Y | N |
| ___ Faucet /Handles | Y | N |
| ___ Garbage Disposal | Y | N |
| ___ Counter Top | Y | N |

KITCHEN (cont.) Damaged?

Range Hood /Fan Y N
 Dishwasher Y N
 Hot Water Y N
 Cold Water Y N
 Cupboards Y N
 Drawers Y N
 Table Y N
 Chairs Y N
 Light Fixture Y N
 Floor Y N
 Ceiling Y N
 Walls Y N

BATHROOM Damaged?

Towel Racks Y N
 Tissue Holder Y N
 Mirror Y N
 Medicine Cabinet Y N
 Counter Top Y N
 Sink Y N
 Tub Y N

Shower Y N
 Hot / Cold Water Y N
 Toilet Y N
 Toilet Seat Y N
 Shower Curtain Y N
 Cabinet Y N
 Light Fixture Y N
 Floor Y N
 Walls Y N
 Ceiling Y N

MISCELLANEOUS Damaged?

Door Keys Y N
 Outside Doors Y N
 Inside Doors Y N
 Windows Y N
 Window Screens Y N
 Mailbox Y N
 Thermostat Y N
 Hallways Y N
 Basement Y N
 Clothes Washer Y N
 Dryer Y N

Do all of the windows open and close properly? Y N

Does the heat work properly? Y N

Other: _____

Details of damage listed: _____

SIGNATURES:

TENANT: _____ DATE: _____

LANDLORD: _____ DATE: _____

WITNESS: _____ DATE: _____