

LANDLORD-TENANT CHECKLIST

The inspection should be completed by the Landlord and the Tenant upon the Tenant moving in and moving out of the apartment.

Premises (Complete Address): _____

Landlord: _____ Tenant: _____

Move-In Date: _____ Move-Out Date: _____

Inspection Date: _____ Inspection Date: _____

	MOVE-IN CONDITION				MOVE-OUT	
	New	Good	Fair	Other	Condition	Charge
Kitchen						
Floor / Floor Covering						
Paint / Walls & Ceiling						
Windows						
Drapes / Blinds						
Doors						
Lighting Fixtures						
Electrical Outlets						
Cabinets						
Counter						
Fan						
Faucets						
Sink & Drain						
Plumbing						
Garbage Disposal						
Stove						
Refrigerator						
Dishwasher						
Other:						
Other:						
Other:						
Dining Room	New	Good	Fair	Other	Condition	Charge
Floor / Carpet						
Paint / Walls & Ceiling						
Windows						
Drapes / Blinds						
Doors						
Lighting Fixtures						
Electrical Outlets						
Other:						
Other:						
Living Room	New	Good	Fair	Other	Condition	Charge
Floor / Carpet						
Paint / Walls & Ceiling						
Windows						
Drapes / Blinds						

Living Room (cont'd)	MOVE-IN CONDITION				MOVE-OUT	
	New	Good	Fair	Other	Condition	Charge
Doors						
Lighting Fixtures						
Electrical Outlets						
Other:						
Other:						
Bathroom 1	New	Good	Fair	Other	Condition	Charge
Floor / Tiles						
Paint / Walls & Ceiling						
Windows						
Doors						
Lighting Fixtures						
Electrical Outlets						
Medicine Cabinet						
Mirrors						
Bathtub						
Shower						
Faucet						
Sink						
Counter						
Toilet						
Paper Holder						
Shower Rod						
Towel Bars & Hooks						
Vent						
Other:						
Other:						
Bathroom 2	New	Good	Fair	Other	Condition	Charge
Floor / Tiles						
Paint / Walls & Ceiling						
Windows						
Doors						
Lighting Fixtures						
Electrical Outlets						
Medicine Cabinet						
Mirrors						
Bathtub						
Shower						
Faucet						
Sink						
Counter						
Toilet						
Paper Holder						
Shower Rod						
Towel Bars & Hooks						
Vent						
Other:						
Other:						

Bedroom 1	MOVE-IN CONDITION				MOVE-OUT	
	New	Good	Fair	Other	Condition	Charge
Floor / Carpet						
Paint / Walls & Ceiling						
Windows						
Drapes / Blinds						
Doors						
Lighting Fixtures						
Electrical Outlets						
Closets						
Mirror						
Other:						
Other:						
Bedroom 2	New	Good	Fair	Other	Condition	Charge
Floor / Carpet						
Paint / Walls & Ceiling						
Windows						
Drapes / Blinds						
Doors						
Lighting Fixtures						
Electrical Outlets						
Closets						
Other:						
General	New	Good	Fair	Other	Condition	Charge
Front Door						
Doorbell						
Hallway 1						
Hallway 2						
Hallway Closet						
Heating / Thermostat						
Air Conditioning						
Smoke Detectors						
Fire Extinguishers						
Mailbox lock						
Balcony / Terrace / Deck						
Fireplace						
Stairs						
Other:						
Other:						

Notes: _____

Move-In: Tenant Signature _____ Date _____

Landlord Signature _____ Date _____

Move-Out: Tenant Signature _____ Date _____

Landlord Signature _____ Date _____