

Apartment Condition Checklist

Apartment Building & Number: _____

Address: _____

Name of Landlord: _____

Tenants: _____

Instructions: Complete this form in duplicate at check-in and check-out. Where there are two or more of an item, such as beds, both should be listed. It is to the advantage of both landlords and tenants to fill this form out thoroughly.

Item	Move-In Condition	Move-Out Condition
Bathroom		
Paint		
Walls		
Ceiling		
Bathtub		
Faucets		
Sink		
Bath		
Toilet		
Light Fixture		
Shower Curtain		
Living Room		
Paint		
Walls		
Ceiling		
Carpet		
Curtains		
Light Fixture		
Sofa		
Chairs		
Coffee Table		
Bookcase		
Desk		
Floor Lamps		
Kitchen		
Refrigerator		
Stove		
Burners		
Oven		
Cabinets		
Paint		
Walls		
Ceiling		
Dishwasher		

Bedroom 1		
Walls		
Ceiling		
Carpet on Floor		
Curtains		
Bed Frame		
Mattress		
Dresser		
Closet		
Light Fixture		
Floor Lamps		
Chairs		
Bedroom 2		
Walls		
Ceiling		
Carpet on Floor		
Curtains		
Bed Frame		
Mattress		
Dresser		
Closet		
Light Fixture		
Floor Lamps		
Chairs		
Bedroom 3		
Walls		
Ceiling		
Carpet on Floor		
Curtains		
Bed Frame		
Mattress		
Dresser		
Closet		
Light Fixture		
Floor Lamps		
Chairs		

Landlord Signature at Check-In _____

Tenants Signature at Check-In _____

Landlord Signature at Check-Out _____

Tenants Signature at Check-Out _____