

Address: _____

INVENTORY CHECKLIST

Unit No.: _____

YOU SHOULD COMPLETE THIS CHECKLIST, NOTING THE CONDITION OF THE RENTAL PROPERTY AND RETURN IT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT, YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS WHAT CLAIMS WERE CHARGEABLE TO THE LAST PRIOR TENANTS.

This form may be used for either commencement or termination inventory checklist. This form is herewith designated as:

Check Commencement Inventory Checklist

Date Keys Issued: _____

Garage Door Opener _____

One: Termination Inventory Checklist

Date Keys Returned: _____

Garage Door Opener _____

INSPECTED ITEM	CONDITION	ESTIMATED COST OF REPAIRS	INSPECTED ITEM	CONDITION	ESTIMATED COST OF REPAIRS
KITCHEN WALLS/CEILING FLOOR SINK PLUMBING FIXTURES CABINETS COUNTER TOPS WINDOWS DOORS LIGHTS REFRIGERATION RANGE/FAN DISHWASHER GARBAGE DISPOSAL OTHER:			BATHROOM #1 WALLS/CEILING FLOOR SINK PLUMBING FIXTURES CABINET TUB/TUB ENCLOSURE TOILET MEDICINE CABINET TOWEL RACKS LIGHTS/FAN WINDOWS DOORS OTHER:		
BEDROOM #1 WALLS/CEILING CARPETING/FLOOR WINDOWS DOORS CLOSETS BLINDS LIGHTS OTHER:			BATHROOM #2 WALLS/CEILING FLOOR SINK PLUMBING FIXTURES CABINET TUB/TUB ENCLOSURE TOILET MEDICINE CABINET TOWEL RACKS LIGHTS/FAN WINDOWS DOORS OTHER:		
BEDROOM #2 WALLS/CEILING CARPETING/FLOOR WINDOWS DOORS CLOSETS BLINDS LIGHTS OTHER:			BASEMENT WALLS/CEILING FLOOR WINDOWS LIGHTS DOORS CLOSETS STAIRWELL FURNACE WATER HEATER LAUNDRY TUBS OTHER:		
BEDROOM #3 WALLS/CEILING CARPET/FLOOR WINDOWS DOORS CLOSETS BLINDS LIGHTS OTHER:			EXTERIOR SIDEWALK SCREENS DOORS LOCKS FENCE PATIO/BALCONY OTHER:		
LIVING/DINING WALLS/CEILING FLOOR WINDOWS DOORS CLOSETS LIGHTS OTHER:			MISCELLANEOUS THERMOSTAT SMOKE ALARM INTERCOM AIR CONDITIONER OTHER:		

Resident moved in/ out on _____
The undersigned hereby acknowledges receipt of a copy of the above inventory checklist and also acknowledges that the condition of the property is as set forth on the above inventory checklist.

Resident _____ Date _____ Management/Agent _____

Resident _____ Date _____ Management/Agent _____