



INVENTORY CHECKLIST — PREMISES ONLY

The following is a summary of the conditions of the Premises at _____ No. _____ on the date listed below.

	ORIGINAL	FINAL CONDITION
LIVING ROOM		
Floor & Floor Covering		
Drapes		
Walls & Ceilings		
Light Fixtures		
Windows, Screens & Doors		
Other		
Other		
KITCHEN		
Floor Covering		
Cupboards		
Stove & Refrigerator		
Dishwasher		
Disposal		
Sink & Plumbing		
Light Fixtures		
Other		
Other		
DINING AREA		
Floor & Floor Covering		
Walls & Ceilings		
Light Fixtures		
Windows, Screens & Doors		
Other		
Other		

	ORIGINAL	FINAL CONDITION
BATHROOM(S)		
Floor & Floor Covering		
Walls & Ceilings		
Windows, Screens & Doors		
Light Fixtures		
Other		
Other		
BEDROOMS		
Floor & Floor Covering		
Windows, Screens & Doors		
Light Fixtures		
Other		
Other		
COMMON AREAS		
Floor & Floor Covering		
Windows, Screens & Doors		
Walls & Ceilings		
Furnace/Heater		
Air Conditioning		
Lawn/Ground Covering		
Patio, Terrace, Deck, etc.		
Garage		
Other		
Other		

SAMPLE

Dwelling checklist filled out on moving in on _____,
 and _____,
 Renter _____
 Owner/Manager _____

Dwelling checklist filled out on moving out on _____,
 and approved by _____,
 Renter _____
 Owner/Manager _____

IMPORTANT NOTICE: Please notify us immediately of any defects in and around your dwelling unit. We will make necessary repairs as soon as possible.