

**COMMENCEMENT / TERMINATION
INVENTORY CHECKLIST FORM**

“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”

	Beginning Condition	Ending Condition
Living Room		
Door (including locks):	_____	_____
Windows:	_____	_____
Carpet or Floor:	_____	_____
Walls:	_____	_____
Ceiling:	_____	_____
Lights & Switches:	_____	_____
Other:	_____	_____
Dining Room		
Windows:	_____	_____
Carpet or Floor:	_____	_____
Walls:	_____	_____
Ceiling:	_____	_____
Lights & Switches:	_____	_____
Other:	_____	_____
Hallway		
Carpet or Floor:	_____	_____
Walls:	_____	_____
Ceiling:	_____	_____
Lights & Switches:	_____	_____
Other:	_____	_____
Kitchen		
Windows:	_____	_____
Carpet or Floor:	_____	_____
Walls:	_____	_____
Ceiling:	_____	_____
Lights & Switches:	_____	_____
Stove:	_____	_____
Refrigerator:	_____	_____
Sink:	_____	_____

Cabinets & Counter: _____
Other: _____

Bedroom One

Door (including locks): _____
Windows: _____
Carpet or Floor: _____
Walls: _____
Ceiling: _____
Lights & Switches: _____
Other: _____

Bedroom Two

Door (including locks): _____
Windows: _____
Carpet or Floor: _____
Walls: _____
Ceiling: _____
Lights & Switches: _____
Other: _____

Bedroom Three

Door (including locks): _____
Windows: _____
Carpet or Floor: _____
Walls: _____
Ceiling: _____
Lights & Switches: _____
Other: _____

Bedroom Four

Door (including locks): _____
Windows: _____
Carpet or Floor: _____
Walls: _____
Ceiling: _____
Lights & Switches: _____
Other: _____

Bathroom

Door: _____
Windows: _____
Carpet or Floor: _____
Walls: _____
Ceiling: _____
Lights & Switches: _____

Sink: _____
Tub and/or Shower: _____
Toilet: _____
Cabinet, Shelves, Closet: _____
Towel Bars: _____
Other: _____

Signature of Tenants _____

Address of Unit _____

Signature of Landlord _____
Landlord's Address _____

Phone Number _____
Date: _____

ONE COMPLETED COPY OF GTHIS INVENTORY CHECKLIST MUST BE RETURNED TO MAURER MANAGEMENT WITHIN SEVEN DAYS OF MOVE IN.