APARTMENT/HOUSE INVENTORY FORM

his form does not requi	re the landlord to make repairs. This form is designed to
make all pa	rties aware of any existing problems/issues.
This form sh	ould be given to your landlord within the first
	s of moving into your apartment/house.

F = Fair - SatisfactoryU = Unsatisfactory – Excessively damaged/ Needs Repair M = Missing

Date___ "_____Keys Returned: #_____ Date___

		CHECK IN	CHECK OUT		
ITEM	CODE	COMMENTS	CODE	COMMENTS	
Entry Door/Porch					
Living Room/ Dining:					
Walls					
Ceiling					
Floor/Carpet					
Couch					
Chairs					
Tables					
Windows/Screens					
Entertainment Shelf					
Dining Table					
Dining Chairs					
Ceiling Fan					
Kitchen:					
Walls					
Ceiling/Light Fixture					
Floor/Carpet					
Cabinets					
Sink					
Counter					
Range					
Refrigerator					
Dishwasher					
Microwave					
Bathroom 1:					
Walls					
Ceiling					
Floor/Carpet					
Light Fixtures					
Cabinets					
Sink					
Tub/Shower					
Toilet					
Mirror					

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Name_____ Address_____

	CHECK IN		CHECK OUT		
ITEM	CODE	COMMENTS	CODE	COMMENTS	BILL
Bathroom 2:					
Walls					
Ceiling/Light Fixture					
Floor/Carpet					
Cabinets					
Sink					
Tub/Shower					
Toliet					
Mirror					
Bedroom:					
Walls					
Ceiling					
Floor/Carpet					
Mattress/Bed Frame					
Chest					
Desk					
Desk Chair					
General					
Smoke Detector					
Fire Extinguisher					
Other:					

Reminder: Keep a copy of this document for yourself. Do not provide the only copy to your landlord!

Check-In:			
Resident Signature:	Date:		
Landlord.Signature:			
(or date mailed to landlord)			
Check-Out:			
Resident Signature:	Date:		
LandlordSignature:			
(or date mailed to landlord)			
Roommate Signatures (s):	Date:		
Roommate Signatures (s):			
Roommate Signatures (s):	Date:		
Roommate Signatures (s):	Date:		
Roommate Signatures (s):	Date:		
Roommate Signatures (s):	Date:		
Roommate Signatures (s):	Date:		