

INVENTORY CHECKLIST*

COMMENCEMENT AND TERMINATION INVENTORY CHECKLIST FORM

“YOU MUST 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 | | |
| FLOOR: | | |
| WALLS: | | |
| CEILING: | | |
| OTHER: | | |
| KITCHEN | | |
| WINDOWS: | | |
| FLOOR: | | |
| WALLS: | | |
| CEILING: | | |
| LIGHTS & SWITCHES: | | |
| STOVE: | | |
| REFRIGERATOR: | | |
| SINK: | | |
| CABINETS & COUNTER: | | |
| OTHER: | | |

* Remember! Be specific. Describe any conditions in detailed terms rather than saying “fine” or “acceptable.”

BEGINNING CONDITION

ENDING CONDITION

BEDROOM

| | | |
|--------------------|--|--|
| DOOR: | | |
| WINDOWS: | | |
| CARPET OR FLOOR: | | |
| WALLS: | | |
| CEILING: | | |
| LIGHTS & SWITCHES: | | |
| CLOSET: | | |
| OTHER: | | |

BATHROOM

| | | |
|---------------------------|--|--|
| DOOR: | | |
| WINDOW: | | |
| FLOOR: | | |
| WALLS: | | |
| CEILING: | | |
| SINK: | | |
| TUB AND/OR SHOWER: | | |
| TOILET: | | |
| CABINET, SHELVES, CLOSET: | | |
| TOWEL BARS: | | |
| LIGHTS & SWITCHES: | | |
| OTHER: | | |

BASEMENT

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|--|--|--|
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|--|--|--|

GARAGE

| | | |
|--|--|--|
| | | |
|--|--|--|

FURNITURE INVENTORY

Use this if rental unit is furnished;
check **condition** of items and **number** present.

| | | |
|-----------------|--|--|
| KITCHEN CHAIRS: | | |
| TABLES: | | |
| END TABLES: | | |
| LOUNGE CHAIRS: | | |
| SOFAS: | | |
| LAMPS: | | |
| DESKS: | | |
| DESK CHAIRS: | | |
| BOOKCASES: | | |
| MATTRESSES: | | |
| DRESSERS: | | |

SIGNATURE OF TENANT(S) _____

ADDRESS OF UNIT _____

SIGNATURE OF LANDLORD _____

LANDLORD'S ADDRESS _____

PHONE NUMBER (LANDLORD) _____

DATE _____