

Tenant: _____

Landlord: _____

Landlord Phone #: _____

Address of Rental Unit/Apartment: _____

| | Move-in Condition | Move-out Condition | Remarks |
|--------------------|-------------------|--------------------|---------|
| Bedroom | | | |
| Floor Coverings | _____ | _____ | _____ |
| Walls/Ceiling | _____ | _____ | _____ |
| Windows | _____ | _____ | _____ |
| Window Covers | _____ | _____ | _____ |
| Screens | _____ | _____ | _____ |
| Closet | _____ | _____ | _____ |
| Lights/Lamps | _____ | _____ | _____ |
| Electric Fixtures | _____ | _____ | _____ |
| Furniture | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Bathroom | | | |
| Shower/Bathtub | _____ | _____ | _____ |
| Toilet | _____ | _____ | _____ |
| Sink | _____ | _____ | _____ |
| Mirror | _____ | _____ | _____ |
| Towel Racks | _____ | _____ | _____ |
| Floor Coverings | _____ | _____ | _____ |
| Walls/Ceiling | _____ | _____ | _____ |
| Windows | _____ | _____ | _____ |
| Window Covers | _____ | _____ | _____ |
| Screens | _____ | _____ | _____ |
| Closet | _____ | _____ | _____ |
| Lights | _____ | _____ | _____ |
| Electric Fixtures | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |
| Living Room | | | |
| Floor Coverings | _____ | _____ | _____ |
| Walls/Ceiling | _____ | _____ | _____ |
| Windows | _____ | _____ | _____ |

| | | | |
|-------------------|-------|-------|-------|
| Window Covers | _____ | _____ | _____ |
| Lights | _____ | _____ | _____ |
| Electric Fixtures | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

| | | | |
|-------------------|-------|-------|-------|
| Kitchen | _____ | _____ | _____ |
| Refrigerator | _____ | _____ | _____ |
| Freezer | _____ | _____ | _____ |
| Range | _____ | _____ | _____ |
| Sink/Disposal | _____ | _____ | _____ |
| Counter Top | _____ | _____ | _____ |
| Cabinets | _____ | _____ | _____ |
| Drawers | _____ | _____ | _____ |
| Hallway | _____ | _____ | _____ |
| Floor Coverings | _____ | _____ | _____ |
| Walls/Ceiling | _____ | _____ | _____ |
| Windows | _____ | _____ | _____ |
| Window Covers | _____ | _____ | _____ |
| Lights | _____ | _____ | _____ |
| Electric Fixtures | _____ | _____ | _____ |
| Other | _____ | _____ | _____ |

General Comments:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

Signature of Landlord or Witness: _____

Date of Check-In: _____ Date of Check-Out: _____