

Landlord/Tenant Checklist

General Condition of Rental Unit and Premises

Street Address _____

Unit _____

City _____

Condition on Arrival

Condition on Departure

(N=New; F=Fine; W=Worn; [put number in box]=See Note below; leave blank if none)

	Condition on Arrival										Condition on Departure												
	ALL (Fill box, draw line across)	Floors & Floor Coverings	Walls & Ceilings	Windows, Screens, Doors	Window Coverings	Light Fixtures	Tested Smoke Detector	Bathtub/Shower	Sink, Counters, Cabinets	Stove/Oven/Refrigerator	Dishwasher/Disposal	Other	Floors & Floor Coverings	Walls & Ceilings	Windows, Screens, Doors	Window Coverings	Light Fixtures	Tested Smoke Detector	Bathtub/Shower	Sink, Counters, Cabinets	Stove/Oven/Refrigerator	Dishwasher/Disposal	Other
Entry								n/a	n/a	n/a	n/a								n/a	n/a	n/a	n/a	
Living Room								n/a	n/a	n/a	n/a								n/a	n/a	n/a	n/a	
Kitchen								n/a	n/a										n/a	n/a			
1st Bathroom								n/a		n/a	n/a	n/a							n/a		n/a	n/a	n/a
1st Bedroom								n/a	n/a	n/a	n/a								n/a	n/a	n/a	n/a	

- Notes:**
- 1 _____
 - 2 _____
 - 3 _____
 - 4 _____
 - 5 _____
 - 6 _____
 - 7 _____
 - 8 _____
 - 9 _____
 - 10 _____
 - 11 _____
 - 12 _____

Additional Explanation: _____

Landlord/Tenant Checklist completed on moving *in* on _____ and approved by:
 Landlord/Mngr _____ Tenant _____ Tenant _____ Tenant _____

Landlord/Tenant Checklist completed on moving *out* on _____ and approved by:
 Landlord/Mngr _____ Tenant _____ Tenant _____ Tenant _____