

Landlord-Tenant Checklist

General Condition of Rental Unit and Premises



Street Address _____ Unit No. _____ City _____

	Condition on Arrival	Condition on Departure	Estimated Cost of Repair/Replacement
LIVING ROOM			
Floors & Floor Coverings			
Drapes & Window Coverings			
Walls & Ceilings			
Light Fixtures			
Windows, Screens, & Doors			
Front Door & Locks			
Smoke Detector			
Fireplace			
Other			
Other			
KITCHEN			
Floors & Floor Coverings			
Walls & Ceilings			
Light Fixtures			
Cabinets			
Counters			
Stove/Oven			
Refrigerator			
Dishwasher			
Garbage Disposal			
Sink & Plumbing			
Smoke Detector			
Other			
Other			
DINING ROOM			
Floors & Floor Covering			
Walls & Ceilings			
Light Fixtures			

	Condition on Arrival		Condition on Departure		Estimated Cost of Repair/Replacement	
Windows, Screens, & Doors						
Smoke Detector						
Other						
Other						
BATHROOM	Bath #1	Bath #2	Bath #1	Bath #2		
Floors & Floor Coverings						
Walls & Ceilings						
Windows, Screens, & Doors						
Light Fixtures						
Bathtub/Shower						
Sink & Counters						
Toilet						
Other						
Other						
BEDROOM	Bdrm #1	Bdrm #2	Bdrm #3	Bdrm #1	Bdrm #2	Bdrm #3
Floors & Floor Coverings						
Windows, Screens, & Doors						
Walls & Ceilings						
Light Fixtures						
Smoke Detector						
Other						
OTHER AREAS						
Heating System						
Air Conditioning						
Lawn/Garden						
Stairs and Hallway						
Patio, Terrace, Deck, etc.						
Basement						
Parking Area						
Other						
Other						
Other						

Tenants acknowledge that all smoke detectors and fire extinguishers were tested in their presence and found to be in working order, and that the testing procedure was explained to them. Tenants agree to test all detectors at least once a month and to report any problems to Landlord/Manager in writing. Tenants agree to replace all smoke detector batteries as necessary.

Furnished Property

	Condition on Arrival	Condition on Departure	Estimated Cost of Repair/Replacement
LIVING ROOM			
End Tables			
Lamps			
Chairs			
Sofa			
Other			
Other			
KITCHEN			
Broiler Pan			
Ice Trays			
Other			
Other			
DINING ROOM			
Chairs			
Stools			
Table			
Other			
Other			
BATHROOM			
Mirrors			
Shower Curtain			
Hamper			
Other			
Other			
BEDROOM			
Beds (single)			
Beds (double)			
Chairs			
Chests			
Dressing Tables			
Lamps			
Mirrors			
Night Tables			

	Condition on Arrival	Condition on Departure	Estimated Cost of Repair/Replacement
Other			
Other			
OTHER AREAS			
Bookcases			
Desks			
Pictures			
Other			
Other			

Use this space to provide any additional explanation:

Landlord-Tenant Checklist completed on moving in on _____ and approved by:

Landlord/Manager

and _____
Tenant

Tenant

Tenant

Landlord-Tenant Checklist completed on moving out on _____ and approved by:

Landlord/Manager

and _____
Tenant

Tenant

Tenant