## **Landlord-Tenant Checklist**

## GENERAL CONDITION OF RENTAL UNIT AND PREMISES

Street Address	Unit Number 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						
Fireplace						
Other						
Other						
KITCHEN						
Floors & Floor Coverings						
Walls & Ceilings						
Light Fixtures						
Cabinets						
Counters						
Stove/Oven						
Refrigerator						
Dishwasher						
Garbage Disposal						
Sink & Plumbing						
Windows, Screens & Doors						
Other						
Other						
DINING ROOM						
Floors & Floor Covering						
Walls & Ceilings						
Light Fixtures						
Windows, Screens & Doors						
Other						

	Condition on Arrival		Condition of	Condition on Departure	
BATHROOM(S)	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(S)	Bdrm 1 Bo	drm 2 Bdrm 3	Bdrm 1 Bdr	m 2 Bdrm 3	
Floors & Floor Coverings					
Windows, Screens & Doors					
Walls & Ceilings					
Light Fixtures					
Other					
OTHER AREAS					
Heating System					
Air Conditioning					
Lawn/Garden					
Stairs and Hallway					
Patio, Terrace, Deck, etc.					
Basement					
Parking Area					
Other					

<sup>☐</sup> 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			
Coffee Table			
End Tables			
Lamps			
Chairs			
Sofa			
Other			
Other			
KITCHEN			
Broiler Pan			
Ice Trays			
Other			
Other			
DINING AREA			
Chairs			
Stools			
Table			
Other			
Other			
BATHROOM(S)	Bath 1 Bath 2	Bath 1 Bath 2	
Mirrors			
Shower Curtain			
Hamper			
Other			
BEDROOM(S)	Bdrm 1 Bdrm 2 Bdrm 3	Bdrm 1 Bdrm 2 Bdrm 3	
Beds (single)			
Beds (double)			
Chairs			
Chests			
Dressing Tables			
Lamps			
Mirrors			
Night Tables			
Other			

	Condition on Arrival		Condition on Departure	Estimated Cost of Repair/Replacement
Other				
OTHER AREAS				
Bookcases				
Desks				
Pictures				
Other				
Other				
Use this space to provide	any additional explanation:			
	st completed on moving in on	and		, and approved by:
Landlord/Manager		Tenant		
		Tenant Tenant		
Landlord-Tenant Checkli	st completed on moving out on $\_$			and approved by
The state of the s				, app.0000 by.
Landlord/Manager		and Tenant		
		Tenant		
		Tenant		