

Apartment Check In List

Please list below any items which require cleaning or repairs. List also and existing damages to the unit, such as floor stains, even if no repairs are expected. Any amendments to this list must be submitted to the management in writing within five days from the date this check list is received from the management. If the management has not provided this list, the tenant should complete it and submit it to the management within 10 days after moving into the unit.

Tenant's Name _____

Building Name _____

Address _____

Move-In

Special Features (i.e. washer, dryer, fireplace, etc.)

General Condition

We have inspected the apartment and have found everything in good order except as otherwise indicated. We also acknowledge receipt of the keys as listed.

Signed: _____

Move Out

Special Features (i.e. washer, dryer, fireplace, etc.)

General Condition

We have inspected the apartment and have found everything in good order except as otherwise indicated. We also acknowledge receipt of the keys as listed.

Signed: _____

| | Move In | Move Out |
|-------------------------|---------|----------|
| Entrance Door | | |
| Peephole | | |
| Deadbolt Lock | | |
| Chain Lock | | |
| Living Room/Dining Room | | |
| Ceiling/Walls | | |
| Floors | | |
| Windows/Screens | | |
| Blinds | | |
| Electric Fixtures | | |
| Kitchen | | |
| Ceilings/Walls | | |
| Floors | | |
| Windows/Screens | | |
| Electric Fixtures | | |
| Cabinets/Shelves | | |
| Drawers/Knobs | | |
| Exhaust Fan | | |
| Disposal | | |
| Stove | | |
| Oven/Shelves | | |
| Broiler Pan | | |
| Refrigerator | | |
| Defrosted | | |
| Freezer Door, Tray | | |
| Ice Cube Trays (#) | | |
| Light/Veg. Drawer | | |
| Dishwasher | | |
| Sink/Faucets/Stopper | | |
| Countertop | | |
| Bedroom(s) | | |
| Ceiling/Walls | | |
| Floors | | |
| Windows/Screens | | |
| Blinds | | |
| Electric Fixtures | | |
| Closet | | |
| Clothes Rod | | |
| Shelving/Door | | |
| Bathrooms | | |
| Ceilings/Walls | | |
| Floors | | |
| Windows/Screens | | |
| Venetian Blinds | | |
| Electric Fixtures | | |
| Heat Lamp | | |
| Exhaust Fan | | |

| | | |
|----------------------|--|--|
| Medicine Cabinet | | |
| Mirror/Shelves | | |
| Linen Closet/Shelves | | |
| Tub/Faucets/Stoppers | | |
| Tub Caulking | | |
| Toilet/Seat | | |
| Towel Bar | | |
| Brush/Soap Holders | | |
| Shower | | |
| Sink | | |
| General | | |
| Foyer | | |
| Patio/Balcony | | |
| A/C Unit(s) | | |
| Hot Water Heater | | |
| Furnace | | |
| Yard | | |
| Screen Door(s) | | |
| Smoke Detector(s) | | |

Additional Remarks: