

**Apartment Condition Checklist**

Apartment Building & Number \_\_\_\_\_  
 Address \_\_\_\_\_

Name of Landlord \_\_\_\_\_ Names of Tenants \_\_\_\_\_

**Instructions:** Complete this form in duplicate at check-in and check-out. Where there are two or more of an item, such as beds, both should be listed. It is to the advantage of both landlords and tenants to fill this form out thoroughly.

Item	Condition When Moving In	Condition When Moving Out
Bedroom		
Walls		
Ceiling		
Carpet on Floor		
Curtains		
Bed Frame		
Mattress		
Dresser		
Closet		
Light Fixture		
Floor Lamps		
Chairs		
Bathroom		
Paint		
Walls		
Ceiling		
Bathtub		
Faucets		
Sink		
Bath		
Toilet		
Light Fixture		
Shower Curtain		
Towel Racks		
Carpet On Floor		

Item	Condition When Moving In	Condition When Moving Out
Living Room		
Paint		
Walls		
Ceiling		
Carpet on Floor		
Curtains		
Light Fixture		
Sofa		
Chairs		
Coffee Table		
Bookcase		
Desk		
Floor Lamps		
Kitchen		
Refrigerator		
Stove		
Burners		
Oven		
Cabinets		
Paint		
Walls		
Ceiling		
Carpet on Floor		
Dishwasher		

Approval at Check-in \_\_\_\_\_

Approval at Check-out \_\_\_\_\_

Signature of Landlord \_\_\_\_\_

Signature of Tenants \_\_\_\_\_