

### Apartment Condition Inventory

Tenants:								
Address:			Apt. #				# of Keys Issued:	
Manager/Owner:					Door:		Mailbox:	
Move-In Condition					Move-Out Condition			
Area	Good	Fair	Poor	Comments	Good	Fair	Poor	Comments
<b>Living Room</b>								
Walls								
Floor								
Carpeting								
Ceiling								
Lights								
Furniture								
Lamps								
<b>Dining Room</b>								
Walls								
Floor								
Ceiling								
Lights								
Cabinets								
Counter Top								
Stove								
Oven								
Refrigerator								
Ice Trays								
Dishwasher								
Disposal								
Sink								

Faucets								
<b>Hall/Closet</b> Walls								
Floors								
Ceilings								
Lights								
<b>Bedrooms</b> Walls								
Floor								
Ceiling								
Lights								
Mattress								
Bed Frame								
Dressers								
Mirrors								
Tables Lamps								
<b>Bath</b> Walls								
Tile								
Floor								
Ceiling								
Lights								
Towel Racks								
Faucets								
Toilet								

Sink								
Tub								
Medicine Cabinet								
<b>Other</b>								
Windows								
Drapes/Blinds								
Doors/Locks								
Screens								
Outside								
Entrances								
Air Conditioner								
Smoke Detector								

Move-In Date:

Move-Out Date:

Residents: Keep copies of this form for your files

Residents' Signatures

Manger's Signature: