

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
Living Room Walls Floor Carpeting Ceiling Lights Furniture Lamps								
Dining Room Walls Floor Ceiling Lights Cabinets Counter Top Stove, Oven Refrigerator Ice Trays Dishwasher Disposal Sink Faucets								
Hall/Closet Walls Floor Ceiling Lights								
Bedrooms Walls Floor Ceiling Lights Mattress Bed Frame Dressers Mirrors Tables, Lamps								
Baths Walls, Tile Floor Ceiling Lights Towel Racks Faucets Toilet Sink Tub Medicine Cabinet								

Other 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:				Manager's Signature:				