Revised 1/2019

#### APARTMENTS/HOUSE INVENTORY FORM

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This form is designed to make all parties aware of any existing problems/issues.

This form should be given to your landlord within the first 7 days of moving into your apartment/house.

Keys Issued: Keys Returned:

\_\_\_\_\_\_ # \_\_\_\_\_\_ #

\_\_\_\_\_\_Date \_\_\_\_\_\_Date

Code: E = Excellent - New or Almost New

G = Good - Shows minimum wear and tear

P = Poor - Significant wear and tear

U = Unsatisfactory - Excessively damaged/Needs Repair

M = Missing

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|  | **CHECK IN** | | **CHECK OUT** | |  |
| **ITEM** | **CODE** | **COMMENTS** | **CODE** | **COMMENTS** | **BILL** |
| **Entry Door** |  |  |  |  |  |
| **Living Room:**  Walls  Ceiling  Ceiling Light  Carpet/Flooring  Couch  Chair (s) #\_\_\_\_\_  Table  Lamps  Blinds  Patio Door |  |  |  |  |  |
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| **Dining Room:**  Walls  Ceiling  Floor/Carpet  Table  Chairs  Light Fixture\_\_\_\_\_\_\_  **Kitchen:**  Walls  Ceiling  Floor  Cabinets  Counter  Range  Refrigerator  Dishwasher  Light Fixture\_\_\_\_\_\_\_  **Windows**  Dividers  Screens  Blinds\_\_\_\_\_\_\_\_\_\_\_  **Bathroom#1** |  |  |  |  |  |
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| Walls |  |  |  |  |  |
| Ceiling |  |  |  |  |  |
| Floor/Carpet |  |  |  |  |  |
| LightFixtures |  |  |  |  |  |
| Cabinets |  |  |  |  |  |
| Sink |  |  |  |  |  |
| Tub/Shower |  |  |  |  |  |
| Shower Rod |  |  |  |  |  |
| Toilet |  |  |  |  |  |
| Mirror |  |  |  |  |  |
| Exhaust Fan |  |  |  |  |  |

Apartments Inventory Form (page 2) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Room\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_CHECK\_IN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHECKOUT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **ITEM** | **CODE** | **COMMENTS** | **CODE** | **COMMENTS** | **BILL** |
| **Bathroom #2:** |  |  |  |  |  |
| Walls  Ceiling  Floor/Carpet  Light Fixtures  Cabinets  Sink  Tub/Shower  Shower Rod  Toilet  Mirror  Exhaust Fan |  |  |  |  |  |
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| **Bedrooms:**  Walls  Ceiling  Floor  Mattress/Bed Frame  Chest  Desk  Desk Chair  Nite Table  Lamp |  |  |  |  |  |
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| **Hall:**  Walls  Ceiling  Floor/Carpet  Closets  Smoke Detector  Balcony Chairs (4) |  |  |  |  |  |
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| **Other:** |  |  |  |  |  |

**Reminder: Keep a copy of this document for yourself. Do not provide the only copy to your landlord.**

**Check-In:**

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check - Out:**

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Roommate Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_