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:**WallsCeilingCeiling LightCarpet/FlooringCouchChair (s) #\_\_\_\_\_TableLampsBlindsPatio Door |  |  |  |  |  |
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| **Dining Room:**WallsCeilingFloor/CarpetTableChairsLight Fixture\_\_\_\_\_\_\_**Kitchen:**WallsCeilingFloorCabinetsCounterRangeRefrigeratorDishwasherLight Fixture\_\_\_\_\_\_\_**Windows**DividersScreensBlinds\_\_\_\_\_\_\_\_\_\_\_**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:** |  |  |  |  |  |
| WallsCeilingFloor/CarpetLight FixturesCabinetsSinkTub/ShowerShower RodToiletMirrorExhaust Fan |  |  |  |  |  |
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| **Bedrooms:**WallsCeilingFloorMattress/Bed FrameChestDeskDesk ChairNite TableLamp |  |  |  |  |  |
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| **Hall:**WallsCeilingFloor/CarpetClosetsSmoke DetectorBalcony 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_