

On _____, the undersigned tenant(s), _____
carefully inspected the apartment located at _____
and using the following list as a guideline, has found each item on the list to be undamaged and in good working order;
adequate and appropriate for customary usage; and in clean and sanitary condition.

*If an item **DOES NOT** meet the above conditions, please **mark it with an "X"** and write comment.*

| Kitchen | Comment | Bathroom | Comment |
|---|----------------|--|----------------|
| <input type="checkbox"/> Blinds | _____ | <input type="checkbox"/> Blinds | _____ |
| <input type="checkbox"/> Windows inside & out | _____ | <input type="checkbox"/> Window-Inside & Out | _____ |
| <input type="checkbox"/> Light Fixture/ Bulb | _____ | <input type="checkbox"/> Light Fixture/ Blub | _____ |
| <input type="checkbox"/> Wall Holes/ Scratches | _____ | <input type="checkbox"/> Wall Holes/ Scratches | _____ |
| <input type="checkbox"/> Outlet Covers / Switch Plates | _____ | <input type="checkbox"/> Outlet Covers/Switch Plates | _____ |
| <input type="checkbox"/> Vinyl Flooring | _____ | <input type="checkbox"/> Vinyl Flooring | _____ |
| <input type="checkbox"/> Stove/Oven/Drip Pans/Stove Top | _____ | <input type="checkbox"/> Door/Door Knob / Stopper | _____ |
| <input type="checkbox"/> Microwave/Vent/Filter/Fan/Light | _____ | <input type="checkbox"/> Toilet / Tank Lid / Seat | _____ |
| <input type="checkbox"/> Kitchen Counter Top | _____ | <input type="checkbox"/> Toilet Paper Holder | _____ |
| <input type="checkbox"/> Cabinets – Inside & Out | _____ | <input type="checkbox"/> Towel Bar | _____ |
| <input type="checkbox"/> Kitchen Sink/ Drain Basket/ Faucet | _____ | <input type="checkbox"/> Cabinet / Mirror | _____ |
| <input type="checkbox"/> Refrigerator/Freezer | _____ | <input type="checkbox"/> Faucet / Sink / Countertop | _____ |
| | | <input type="checkbox"/> Shower/Tub/Rod/Sh. Head | _____ |

| Living Room / Dining Area | Comment | Bedroom | Comment |
|--|----------------|--|----------------|
| <input type="checkbox"/> Blinds | _____ | <input type="checkbox"/> Blinds | _____ |
| <input type="checkbox"/> Windows-Inside & Out | _____ | <input type="checkbox"/> Windows – Inside & Out | _____ |
| <input type="checkbox"/> Light Fixtures / Bulbs | _____ | <input type="checkbox"/> Light Fixtures / Bulbs | _____ |
| <input type="checkbox"/> Walls – Holes / Scratches | _____ | <input type="checkbox"/> Walls – Holes/Scratches | _____ |
| <input type="checkbox"/> Outlet Covers / Switch Plates | _____ | <input type="checkbox"/> Outlet Covers/Switch Plates | _____ |
| <input type="checkbox"/> Carpet | _____ | <input type="checkbox"/> Carpets | _____ |
| <input type="checkbox"/> Smoke Detector/ CO ₂ | _____ | <input type="checkbox"/> Smoke Detector | _____ |
| <input type="checkbox"/> Doors / Door Knob / Stopper | _____ | <input type="checkbox"/> Doors / Door Knob / Stopper | _____ |
| <input type="checkbox"/> Water Heater & Closet | _____ | <input type="checkbox"/> Mirror/Closet Door | _____ |
| <input type="checkbox"/> Heater/Thermostat/Grates/Filter | _____ | <input type="checkbox"/> Breaker Box | _____ |
| | | <input type="checkbox"/> Attic Crawl Space Lid | _____ |

| Entry | Comment | Entry | Comment |
|--|----------------|---|----------------|
| <input type="checkbox"/> Entry Door / Knob / Key | _____ | <input type="checkbox"/> Patio / Walkway / Deck | _____ |
| <input type="checkbox"/> Entry Light | _____ | <input type="checkbox"/> Mailbox Key | _____ |
