APARTMENT/HOUSE INVENTORY FORM

Name:		Address:			
Landlord Name:					
	-	landlord to make repair ware of any existing p		- C	
		e given to your landlor oving into your apartm		ne first	
Code: E = Excellent – G = Good – Sho F = Fair – Satisf U = Unsatisfacto M = Missing	ows minimus actory		s Repair	Keys Issued: # Date Keys Returned: # Date	
		CHECK IN		CHECK OUT	
ITEM	CODE	COMMENTS	CODE		
Entry Door/Porch					
Living Room/ Dining:					
Walls					
Ceiling					
Floor/Carpet					
Couch					
Chairs					
Tables					
Windows/Screens					
Entertainment Shelf					
Dining Table					
Dining Chairs					
Ceiling Fan					_
¥7*4 1					_
Kitchen:					_
Walls					
Ceiling/Light Fixture					
Floor/Carpet Cabinets					-
Sink					
Counter					
Range					_
Refrigerator					+
Dishwasher					
Microwave					
Bathroom 1:					
Walls					
Ceiling					1
Floor/Carpet					1
Light Fixtures					
Cabinets					
Sink					

Tub/Shower

Toilet Mirror

Name		
Address		

APT/HOUSE NVENTORY FORM (page 2)

	CHECK IN		CHECK OUT		
ITEM	CODE	COMMENTS	CODE	COMMENTS	BILL
Bathroom 2:					
Walls					
Ceiling/Light Fixture					
Floor/Carpet					
Cabinets					
Sink					
Tub/Shower					
Toliet					
Mirror					
Bedroom:					
Walls					
Ceiling					
Floor/Carpet					
Mattress/Bed Frame					
Chest					
Desk					
Desk Chair					
<u>General</u>					
Smoke Detector					
Fire Extinquisher					
Other:					

Reminder: Keep a copy of this document for yourself.

Do not provide the only copy to your landlord!

Check-In:		
Resident Signature:	Date:	
Landlord.Signature:	Date:	
(or date mailed to landlord)		
Check-Out:		
Resident Signature:	Date:	
LandlordSignature:	Date:	
(or date mailed to landlord)		
Roommate Signatures (s):	Date:	