

APARTMENT/HOUSE INVENTORY FORM

Name: _____ **Address:** _____

Landlord Name: _____

This form does not require the landlord to make repairs. 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.

Code: E = Excellent – New or Almost New
 G = Good – Shows minimum wear and tear
 F = Fair – Satisfactory
 U = Unsatisfactory – Excessively damaged/ Needs Repair
 M = Missing

Keys Issued:
 # _____ Date _____
 Keys Returned:
 # _____ Date _____

ITEM	CHECK IN		CHECK OUT		
	CODE	COMMENTS	CODE	COMMENTS	
Entry Door/Porch					
<u>Living Room/ Dining:</u>					
Walls					
Ceiling					
Floor/Carpet					
Couch					
Chairs					
Tables					
Windows/Screens					
Entertainment Shelf					
Dining Table					
Dining Chairs					
Ceiling Fan					
<u>Kitchen:</u>					
Walls					
Ceiling/Light Fixture					
Floor/Carpet					
Cabinets					
Sink					
Counter					
Range					
Refrigerator					
Dishwasher					
Microwave					
<u>Bathroom 1:</u>					
Walls					
Ceiling					
Floor/Carpet					
Light Fixtures					
Cabinets					
Sink					
Tub/Shower					
Toilet					
Mirror					

