

Rental Unit Inspection and Itemization Checklist for Furnished Units

Resident(s): _____

Owner/Agent: _____

Leased Premises: _____ **Unit #:** _____

City: _____ **State:** _____ **Zip:** _____

This form is to be completed and used for furnished rental units. This Checklist may be attached to a more detailed Move-In/Move-Out Walk-Thru Checklist. This form is to be used to document the condition of the furniture/furnished items included in the rental unit at the start of the tenancy upon the initial walk-through and to be compared at the termination of the tenancy to document any damages or repairs required to the furniture/furnished items. As such, Resident and Owner/Agent understand that this form may be used for litigation purposes or to document damage for security deposit retention.

Please mark conditions as follows: *New, Undamaged, Slightly Damaged, Needs Repair, Needs Replacement*. If there is damage to any of the below items, please make a short note of the extent of the damage and the location of the damage on the Item. If there are more than one of the items listed below, please list each item and the location and/or description so that it can be identified. If additional pages are needed, please attach said pages to this form and mark this box:

Additional pages and/or photos are attached. Photographs of items at time of walk-through are recommended.

Move In Walk-Through Date: _____

Item	Location/Description of Item	Condition	Description of Damage
Sofa/Couch:	_____	_____	_____
Lounge (s):	_____	_____	_____
Chairs(s):	_____	_____	_____
End Tables:	_____	_____	_____
Lamps:	_____	_____	_____
Dining Table:	_____	_____	_____
Dining Chair(s):	_____	_____	_____
Beds:	_____	_____	_____
Desk:	_____	_____	_____
Dresser(s):	_____	_____	_____
Night Stand(s):	_____	_____	_____
Bookcases:	_____	_____	_____
Other Notes:	_____	_____	_____

Move Out Walk-Through Date: _____

Item	Location/Description of Item	Condition	Description of Damage
Sofa/Couch:	_____	_____	_____
Lounge (s):	_____	_____	_____
Chairs(s):	_____	_____	_____
End Tables:	_____	_____	_____
Lamps:	_____	_____	_____
Dining Table:	_____	_____	_____
Dining Chair(s):	_____	_____	_____
Beds:	_____	_____	_____
Desk:	_____	_____	_____
Dresser(s):	_____	_____	_____
Night Stand(s):	_____	_____	_____
Bookcases:	_____	_____	_____
Other Notes:	_____	_____	_____



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Owner/Agent and Resident agree and Resident accepts that with the exception of the item(s) listed above, the furniture/furnished items included in the Premises have been found to be in good working order and condition. Resident understands that they are responsible for any damage to the Premises caused by the Resident, any and all occupants and/or guests during their occupancy and possession of the Premises.

This Addendum may be executed in counterparts and facsimile copies of same shall be admissible for all purposes and shall be deemed an original.

Resident(s):

_____ Date _____

_____ Date _____

_____ Date _____

_____ Date _____

Owner/Agent:

_____ Date _____

