

COMMENCEMENT OR TERMINATION INVENTORY CHECKLIST

This form may be used for both commencement and termination inventory checklist.

Address of Rental Unit: _____

"YOU SHOULD COMPLETE THIS CHECKLIST, NOTING THE CONDITION OF THE RENTAL PROPERTY, AND RETURN IT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT. YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS WHAT CLAIMS WERE CHARGEABLE TO THE LAST PRIOR TENANTS."

Please complete the "Move-In Condition" checklist below completely and accurately noting the condition of all items shown and add any items owned by the landlord not shown on the checklist. I hereby acknowledge the receipt of two copies of the commencement/termination inventory checklist.

Tenant's Signature _____

Date of Receipt _____

Tenant's Signature _____

Date of Receipt _____

Tenant's Signature _____

Date of Receipt _____

Tenant's Signature _____

Date of Receipt _____

	Beginning Condition Date _____	Ending Condition Date _____
Kitchen		
Walls/ceiling	_____	_____
Floors/trim/doors	_____	_____
Sink/counter/plumbing	_____	_____
Light fixture	_____	_____
Stove/refrigerator	_____	_____
Window treatments/screens	_____	_____
Other _____	_____	_____
Bathroom		
Walls/ceiling	_____	_____
Floor/trim/doors	_____	_____
Toilet/plumbing	_____	_____
Shower/tub/plumbing	_____	_____
Sink/plumbing	_____	_____
Window treatments/screens	_____	_____
Rx cabinet/mirror	_____	_____
Light fixture	_____	_____
Other _____	_____	_____
Living/Dining Room		
Walls/ceiling	_____	_____
Floor/trim/doors	_____	_____
Light fixture	_____	_____
Window treatments/screens	_____	_____
Smoke detectors	_____	_____
Other _____	_____	_____
Bedroom		
Walls/ceiling	_____	_____
Floors/trim/doors	_____	_____
Light fixture	_____	_____
Window treatments/screens	_____	_____
Smoke detectors	_____	_____
Other _____	_____	_____
Bedroom		
Walls/ceiling	_____	_____
Floor/trim/doors	_____	_____
Light fixture	_____	_____
Window treatments/screens	_____	_____
Smoke detectors	_____	_____
Other _____	_____	_____
Bedroom		
Walls/ceiling	_____	_____
Floor/trim/doors	_____	_____
Light fixture	_____	_____
Window treatments/screens	_____	_____
Smoke detectors	_____	_____
Other _____	_____	_____
Exterior		
Porch/entry/light fixture	_____	_____
Screens/storms	_____	_____
Yard/shrubs	_____	_____
Garage/out bldgs	_____	_____
Locks/keys	_____	_____
Hall/Stairway/Basement	_____	_____

Additional comments: _____

Tenant's signature below acknowledges the information provided above to be true and accurate to the best of his/her knowledge. Landlord signature acknowledges receipt of completed inventory checklist.

Date _____

Landlord's Signature _____

Date _____

Tenant's Signature(s)1. _____ 2. _____

3. _____

4. _____