

APARTMENT INSPECTION CHECKLIST

DATE OF MOVE-IN: _____ CHECK IN: DATE _____ BY _____

RESIDENT NAME: _____

ADDRESS: _____

APT. No. _____ PHONE: _____

OK	COMMENT	AREA
		FRONT ENTRANCE
		Door
		Outside Light
		Doorbell
		Apt. Nos.
		LIVING ROOM
		Door
		Walls
		Windows
		Screens
		Ceiling
		Floor/Carpet
		Light Fixtures
		Closet
		DINING ROOM
		Doors
		Walls
		Windows
		Screens
		Ceiling
		Floor/Carpet
		Light Fixture
		Closet
		KITCHEN
		Door
		Walls
		Windows
		Screens
		Ceiling
		Floor/Carpet
		Mop/Wax
		Light Fixture
		Sink
		Formica/Tile
		Cupboard
		Stove:
		Top
		Broiler
		Under Burner
		Refrigerator:
		Clean
		Defrost
		Ice Tray
		Crisper
		Racks
		Exhaust Fan
		Dishwasher
		Disposal
		Closet
		BATHROOM NO. 1
		Doors
		Walls/Tile
		Windows
		Screens
		Ceiling
		Floor
		Light Fixtures
		Closet
		Exhaust Fan
		Tub and Tile
		Sink and Vanity
		Mirror & Med. Cab.
		Stool

OK	COMMENT	AREA
		BATHROOM NO. 2
		Doors
		Walls/Tile
		Windows
		Screens
		Ceiling
		Floor
		Light Fixtures
		Closet
		Exhaust Fan
		Tub and Tile
		Sink and Vanity
		Mirror & Med. Cab.
		Stool
		BEDROOM NO. 1
		Doors
		Walls
		Windows
		Screens
		Ceiling
		Floor
		Light Fixture
		Closet
		BEDROOM NO. 2
		Doors
		Walls
		Windows
		Screens
		Ceiling
		Floor
		Light Fixture
		Closet
		BEDROOM NO. 3
		Doors
		Walls
		Windows
		Screens
		Ceiling
		Floor
		Light Fixture
		Closet
		AIR CONDITIONER
		HEATING SYSTEM
		REAR ENTRANCE
		Door
		Outside Light
		HALLS
		Walls
		Ceiling
		Floor
		Light Fixture
		Closet

OTHER COMMENTS _____

The resident accepts responsibility for the condition of the above – described “AS IS” with any exceptions listed. The resident shall be responsible for the condition of this apartment and any damage beyond normal wear and tear will be paid for at resident’s expense. Prices may vary.

Resident _____