

Landlord/Tenant Checklist

| Street Address | Unit Number | | City | | |
|---------------------------|----------------------|------------------------|--------------------------------------|--------|--|
| | Condition on Arrival | Condition of Departure | Estimated Cost of Repair/Replacement | | |
| Living Room | | | | | |
| Floors and Floor Covering | | | | | |
| Window Covering | | | | | |
| Walls and Ceilings | | | | | |
| Light Fixtures | | | | | |
| Windows, Doors | | | | | |
| Front Door and Locks | | | | | |
| Smoke Detector | | | | | |
| Fireplace | | | | | |
| Other | | | | | |
| Other | | | | | |
| Kitchen | | | | | |
| Floors and Floor Covering | | | | | |
| Walls and Ceilings | | | | | |
| Light Fixtures | | | | | |
| Cabinets | | | | | |
| Counters | | | | | |
| Stove/Oven | | | | | |
| Refrigerator | | | | | |
| Dishwasher | | | | | |
| Garbage Disposal | | | | | |
| Sink and Plumbing | | | | | |
| Smoke Detector | | | | | |
| Other | | | | | |
| Other | | | | | |
| Dining Room | | | | | |
| Floors and Floor Covering | | | | | |
| Walls and Ceilings | | | | | |
| Light Fixtures | | | | | |
| Windows, Doors | | | | | |
| Smoke Detector | | | | | |
| Other | | | | | |
| Other | | | | | |
| Bathrooms(s) | Bath 1 | Bath 2 | Bath 1 | Bath 2 | |
| Floors and Floor Covering | | | | | |
| Walls and Ceilings | | | | | |
| Windows, Doors | | | | | |
| Light Fixtures | | | | | |
| Bathtub/shower | | | | | |
| Sink and Counters | | | | | |

| | | | | | | | |
|---------------------------|----------|----------|----------|----------|----------|----------|--|
| Toilet | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Bedroom(s) | Bedroom1 | Bedroom2 | Bedroom2 | Bedroom1 | Bedroom2 | Bedroom3 | |
| Floors and Floor Covering | | | | | | | |
| Walls and Ceilings | | | | | | | |
| Windows, Doors | | | | | | | |
| Light Fixtures | | | | | | | |
| Smoke Detector | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |
| Other Areas | | | | | | | |
| Furnace/Heater | | | | | | | |
| Air Conditioning | | | | | | | |
| Lawn/Ground Cover | | | | | | | |
| Garden | | | | | | | |
| Patio, Terrace, Deck | | | | | | | |
| Other | | | | | | | |
| Other | | | | | | | |

Additional Explanations :

Landlord/Tenant Checklist completed upon moving in on _____, and approved by:

_____ and _____
 Landlord/Manager Tenant

 Tenant

 Tenant

Landlord/Tenant Checklist completed upon moving out on _____, and approved by:

_____ and _____
 Landlord/Manager Tenant

 Tenant

 Tenant