

Address of Property

Your name(s)

Inventory Checklist*
**COMMENCEMENT AND TERMINATION
INVENTORY CHECKLIST FORM**

"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."

	BEGINNING CONDITION	ENDING CONDITION
LIVING ROOM		
DOOR (INCLUDING LOCKS):	_____	_____
WINDOWS:	_____	_____
CARPET OR FLOOR	_____	_____
WALLS:	_____	_____
CEILINGS	_____	_____
LIGHTS & SWITCHES:	_____	_____
OTHER	_____	_____
DINING ROOM		
WINDOWS:	_____	_____
CARPET OR FLOOR:	_____	_____
WALLS	_____	_____
CEILING:	_____	_____
LIGHTS & SWITCHES	_____	_____
OTHER:	_____	_____
HALLWAY		
FLOOR:	_____	_____
WALLS:	_____	_____

CEILING: _____

OTHER: _____

KITCHEN

WINDOWS: _____

FLOOR: _____

WALLS: _____

CEILING: _____

LIGHTS & SWITCHES: _____

STOVE: _____

REFRIGERATOR: _____

SINK: _____

CABINETS & COUNTER: _____

OTHER: _____

BEDROOM

DOOR: _____

WINDOWS: _____

CARPET OR FLOOR: _____

WALLS: _____

CEILING: _____

LIGHTS & SWITCHES: _____

CLOSET: _____

OTHER: _____

BATHROOM

DOOR: _____

WINDOW: _____

FLOOR: _____

WALLS: _____

CEILING: _____

SINK: _____

TUB AND/OR SHOWER: _____

TOILET: _____

CABINET, SHELVES, CLOSET: _____

TOWEL BARS: _____

LIGHTS & SWITCHES: _____

OTHER: _____

**FURNITURE
INVENTORY**

KITCHEN CHAIRS:	_____	_____
TABLES:	_____	_____
END TABLES:	_____	_____
LOUNGE CHAIRS:	_____	_____
SOFAS:	_____	_____
LAMPS:	_____	_____
DESKS:	_____	_____
DESK CHAIRS:	_____	_____
BOOKCASES:	_____	_____
MATTRESSES:	_____	_____
DRESSERS:	_____	_____
OTHER	_____	_____
	_____	_____
	_____	_____

If rental unit is furnished; check condition of items and number present.

SIGNATURE OF TENANT(S)

ADDRESS OF UNIT _____

SIGNATURE OF LANDLORD _____

LANDLORD'S ADDRESS _____

PHONE NUMBER (LANDLORD) _____

DATE _____