

Apartment Condition Inspection Checklist

Tenant Name:

Tenant Name

Apartment #:

Apartment #

Date:

YYYY-MM-DD

Landlord/Agent:

Landlord/Agent

Inspection By:

Name

Inspection Areas

Area/Item	Condition at Move-In	Condition at Move-Out	Comments
Living Room			
Kitchen			
Bathroom			
Bedroom 1			
Bedroom 2			
Floors			
Walls/Ceilings			
Windows			
Doors/Locks			
Appliances			
Heating/Cooling			
Lights/Electrical			
Smoke/CO Detectors			
Balcony/Patio			
Other			

Notes

Additional notes or exceptions...

Signatures

Tenant Signature Date: _____

Landlord/Agent Signature Date: _____

