

# Apartment Condition Inspection Checklist

Tenant Name:

Tenant Name	Apartment #:
Apartment #	Date:
YYYY-MM-DD	

Apartment #:

Date:

Landlord/Agent:

Landlord/Agent	Inspection By:
Name	

Inspection By:

## 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: \_\_\_\_\_

