

Date _____ Renter Names _____

Building Name: _____ Apartment Number _____

KEYS RETURNED

Apartment Keys # _____ Common Area Keys # _____ Garage Door Opener # _____

INVENTORY & CONDITION OF HOME UPON MOVE-OUT

A = Acceptable D = Deficiency Note N/A = Note Applicable

GENERAL ITEMS	Fireplace/Equipment	Cabinets
Walls	Plumbing	Sink
Windows	Heating/Thermostat	BATHROOM
Screens	Electricity	Towel Bars #
Window Coverings	Hot Water	Sink/Vanity
Tile Floors	KITCHEN	Toilet
Wood Floors	Stove/Range	Tub/Shower
Carpeted Floors	Broiler Pans/Racks #	Shower Rod
Linoleum	Refrigerator	TP Holder
Light Fixtures	Ice Trays #	TP Storage
Doors/Trim/Woodwork	Disposal	Soap Dish
Knobs/Locks	Dishwasher	Mirror/Medicine Cabinet
Electrical Outlets	Counter Tops	

I know the following things are damaged:

My forwarding address is (so we can mail a check):

Renter Signature(s) _____ Date _____

Owner/Agent Signature(s) _____ Date _____