Damage Checklist		
Tenant Name:		
Date Tenant Receiv	ed:	
Move In Date:		
Tenant Signature:		
Rental Manager Sig	nature:	
Inspect the apartme	nt thoroughly and note any damage.	You may take dated
pictures of damage.	This is not a comprehensive list; you	may choose to add m
items to the checklis	st.	_

Return Checklist by:

	Move-In Condition	Move-Out Condition
Entrance Door		
Peephole		
Deadbolt Lock		
Chain Lock		
Living Room/Dining Room		
Ceiling/Walls		
Floors		
Windows/Screens		
Blinds		
Electric Fixtures		
Kitchen		
Celing/Walls		
Floors		
Windows/Screens		
Electric Fixtures		
Cabinets/Shelves		
Drawers/Knobs		
Exhaust Fan		
Disposal		
Stove/Oven		
Store/Oven-shelves		
Stove/Oven-Broiler Pan		
Refrigerator		
Refrigerator-shelves		
Refrigerator-trays		
Freezer-trays		
Freezer-shelves		
Ice maker bucket		
Dishwasher		
Sink/Faucets/Stopper		
Countertop		
Bedroom(s)		
Ceiling/Walls		

Return Checklist by:

	P/	
M. 1 (0		
Windows/Screens		
Floors		
FIOOIS		
Blinds		
Dimas		
Electric Fixtures		
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Closet		
Clothes Rod		
Shelving/Door		
		10
Bathrooms		
Ceilings/Walls		
Floors		
W. 1 (G		
Windows/Screens		
District Pinters		
Electric Fixtures		
Heat I amn		
Heat Lamp		
Exhaust Fan		
Extiaust Fall		
Medicine Cabinet		
wiedienie Cabillet		
Mirror/Shelves		
Militar/Biletves		
Linen Closet/Shelves		
Tub/Faucets/Stoppers		
Tub Caulking		
	_	
Toilet/Seat		
Towel Bar		
Brush/Soap Holder		

Return Checklist by:	
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Shower	
Sink	
General	
Foyer	
Patio/Balcony	
A/C unit(s)	
Hot Water Heater	
Furnace	
Yard	
Smoke Detector(s)	
Washer Machine	
Dryer	
Fire Extinguisher	
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Return Checklist by:					