

Return Checklist by: _____

Damage Checklist _____

Tenant Name: _____

Date Tenant Received: _____

Move In Date: _____

Tenant Signature: _____

Rental Manager Signature: _____

Inspect the apartment thoroughly and note any damage. You may take dated pictures of damage. This is not a comprehensive list; you may choose to add more items to the checklist.

	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: _____

Windows/Screens		
Floors		
Blinds		
Electric Fixtures		
Closet		
Clothes Rod		
Shelving/Door		
Bathrooms		
Ceilings/Walls		
Floors		
Windows/Screens		
Electric Fixtures		
Heat Lamp		
Exhaust Fan		
Medicine Cabinet		
Mirror/Shelves		
Linen Closet/Shelves		
Tub/Faucets/Stoppers		
Tub Caulking		
Toilet/Seat		
Towel Bar		
Brush/Soap Holder		

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