

Renterâ€™s Apartment Condition Verification Checklist

Tenant Name

Landlord/Agent Name

Date

Property Address

Checklist

Area/Item	Condition Upon Move-In	Notes/Comments
Entry Door/Locks	<input type="text"/>	<input type="text"/>
Walls & Ceilings	<input type="text"/>	<input type="text"/>
Floors/Carpet	<input type="text"/>	<input type="text"/>
Windows/Screens	<input type="text"/>	<input type="text"/>
Lights/Fixtures	<input type="text"/>	<input type="text"/>
Kitchen Appliances	<input type="text"/>	<input type="text"/>
Bathroom Fixtures	<input type="text"/>	<input type="text"/>
Heating/Cooling	<input type="text"/>	<input type="text"/>
Closets/Cabinets	<input type="text"/>	<input type="text"/>
Smoke Detectors	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Additional Comments

Tenant Signature

Date

Landlord/Agent Signature

Date