

# Condition of Premises Checklist

Name of Landlord \_\_\_\_\_ Address \_\_\_\_\_ Unit No. \_\_\_\_\_

Name of Tenant(s) \_\_\_\_\_

Mark each area with a check (✓)

## Move-In

## Move-Out

ok - clean	damaged	missing	not cleaned maintained	ok - clean	damaged	missing	not cleaned maintained
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### Kitchen

Stove							
Refrigerator							
Cupboards & Doors							
Sinks & stoppers							
Counter							
Floor							
Ceiling							
Walls & trim							

### Bathroom

Bathtub & stopper							
Toilet							
Sink & stopper							
Cabinet & mirrors							
Floor							
Ceiling							
Walls & trim							

### Living Room

Carpet							
Floor							
Ceiling							
Walls & trim							

*continued on back side*

## Dining Room

Carpet									
Floor									
Ceiling									
Walls and trim									

## Bedroom(s)

Carpet									
Floor									
Ceiling									
Walls & trim									
Closets & doors									

## Basement

Furnace									
Water heater									
Washer and Dryer									
Plumbing									
Stairs									
Walls & floor									

## Hall & Stairwell

Treads									
Carpet & landing									
Closets									
Ceiling									

## Windows

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## Light Fixtures

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Keys Released \_\_\_\_\_

Keys Returned \_\_\_\_\_

Other \_\_\_\_\_

**Move-in** \_\_\_\_\_

**Move-out** \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Tenant's Signature \_\_\_\_\_

Tenant's Signature \_\_\_\_\_

Landlord (or representative) \_\_\_\_\_

Landlord (or representative) \_\_\_\_\_

Security Deposit Amount \_\_\_\_\_

Forwarding Address \_\_\_\_\_

Interest \_\_\_\_\_