**Landlord/Tenant Walk-Through Checklist**

# GENERAL CONDITION OF RENTAL UNIT AND PREMISES

Street Address Unit Number City

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Condition on Arrival** | **Condition on Departure** | **Estimated Cost of**  **Repair/Replacement** |
| **LIVING ROOM** |  |  |  |
| Floors & Floor Coverings |  |  |  |
| Drapes & Window Coverings |  |  |  |
| Walls & Ceilings |  |  |  |
| Light Fixtures |  |  |  |
| Windows, Screens & Doors |  |  |  |
| Front Door & Locks |  |  |  |
| Smoke Detector |  |  |  |
| Fireplace |  |  |  |
| Other |  |  |  |
| **KITCHEN** |  |  |  |
| Floors & Floor Coverings |  |  |  |
| Walls & Ceilings |  |  |  |
| Light Fixtures |  |  |  |
| Cabinets |  |  |  |
| Counters |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Stove/Oven |  |  |  |
| Refrigerator |  |  |  |
| Dishwasher |  |  |  |
| Garbage Disposal |  |  |  |
| Sink & Plumbing |  |  |  |
| Smoke Detector |  |  |  |
| Other |  |  |  |
| **DINING ROOM** |  |  |  |
| Floors & Floor Covering |  |  |  |
| Walls & Ceilings |  |  |  |
| Light Fixtures |  |  |  |
| Windows, Screens & Doors |  |  |  |
| Smoke Detector |  |  |  |
| Other |  |  |  |
| **BATHROOM** |  |  |  |
| Floors & Floor Coverings |  |  |  |
| Walls & Ceilings |  |  |  |
| Windows, Screens & Doors |  |  |  |
| Light Fixtures |  |  |  |
| Bathtub/Shower |  |  |  |
| Sink & Counters |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Toilet |  |  |  |
| Other |  |  |  |
| **BEDROOM** |  |  |  |
| Floors & Floor Coverings |  |  |  |
| Windows, Screens & Doors |  |  |  |
| Walls & Ceilings |  |  |  |
| Light Fixtures |  |  |  |
| Smoke Detector |  |  |  |
| Other |  |  |  |
| **OTHER AREAS** |  |  |  |
| Heating System |  |  |  |
| Air Conditioning |  |  |  |
| Lawn/Garden |  |  |  |
| Stairs and Hallway |  |  |  |
| Patio, Terrace, Deck, etc. |  |  |  |
| Basement |  |  |  |
| Parking Area |  |  |  |
| Other |  |  |  |

[ ] Tenants acknowledge that all smoke detectors and fire extinguishers were tested in their presence and found to be in working order and that the testing procedure was explained to them. Tenants agree to test all detectors at least once a month and to report any problems to Landlord/Manager in writing. Tenants agree to replace all smoke detector batteries as necessary.

# FURNISHED PROPERTY

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Condition on Arrival** | **Condition on Departure** | **Estimated Cost of**  **Repair/Replacement** |
| **LIVING ROOM** |  |  |  |
| Coffee Table |  |  |  |
| End Tables |  |  |  |
| Lamps |  |  |  |
| Chairs |  |  |  |
| Sofa |  |  |  |
| Other |  |  |  |
| **KITCHEN** |  |  |  |
| Broiler Pan |  |  |  |
| Ice Trays |  |  |  |
| Other |  |  |  |
| **DINING ROOM** |  |  |  |
| Chairs |  |  |  |
| Stools |  |  |  |
| Table |  |  |  |
| Other |  |  |  |
| **BATHROOM** |  |  |  |
| Mirrors |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Shower Curtain |  |  |  |
| Hamper |  |  |  |
| Other |  |  |  |
| **BEDROOM** |  |  |  |
| Beds (single) |  |  |  |
| Beds (double) |  |  |  |
| Chairs |  |  |  |
| Chests |  |  |  |
| Dressing Tables |  |  |  |
| Lamps |  |  |  |
| Mirrors |  |  |  |
| Night Tables |  |  |  |
| Other |  |  |  |
| **OTHER AREAS** |  |  |  |
| Bookcases |  |  |  |
| Desks |  |  |  |
| Pictures |  |  |  |
| Other |  |  |  |

Use this space to provide any additional explanation:

Landlord/Tenant Checklist completed on moving in on and approved by:

and Landlord/Manager Tenant

Tenant

Tenant

Landlord/Tenant Checklist completed on moving out on and approved by:

and Landlord/Manager Tenant

Tenant

Tenant