

PLEASE LEAVE ON KITCHEN COUNTER - ONLY ONE CHECKLIST PER ADDRESS

Address: _____

General Condition: Indicate Yes or No in the box for each item below	Living Room	Dining Room	Bath 1	Bath 2	Kitchen	Bdrm 1	Bdrm 2	Brdm 3	Bdrm 4	Bdrm 5	Bdrm 6	Basement
- All Ceilings & Woodwork Clean - No dust or cobwebs												
- Walls are clean, no stains												
- Doors are clean												
- All windows/mirrors are clean - Screens cleaned : remove dust from fans												
- Title floors are clean												
- Mini blinds are in place & clean												
- Light fixtures are clean												
- All carpet vaccumed												
- Cement floors clean												
- Washer & dryer clean & empty												
- No trash or furniture on porches												

*** Please list any items from above that may need attention from our maintenance staff

Specifics	
Fridge	No food, defrosted, cleaned in/out, pull out and clean under and behind *Leave fridge on and door closed*
Stove	Clean inside/outside - no food splatters or grease. Clean oven, drip pans, broilers. Pull out and clean floor under
Bathroom	Clean tub/shower - remove soapscum, mold. Clean toilet - inside and out. Clean sink. Wipe out medicine cabinet and all cabinets.

SIGNATURES

Tenant 1:

Rental
Manager/Landlord: _____

Tenant 2:

Date of Inspection:

Tenant 3:

Date of Move Out:

Tenant 4:

Apartment Address:
