APARTMENT INVENTORY

Move In Check if defective/Comments		Move Out Check if Defective/Comments
	Carpet	
	Drapes	
	Walls	
	Hallways	
	Storage Closets	
	Entry Door	
	Coat Closet	
	Lights	
	Windows	
	Bedrooms	
	Carpet	
	Windows	
	Heat Registers	
	Lights	
	Closet	
	Doors	
	Bathrooms	
	Tile	
	Toilet	
	Tub & Sink	
	Mirror	
	Medicine Cabinet	
	Lights	
	Floor	
	Towel Bars	
	Shower Rod	
	Kitchen	
	Range	
	Burners	
	Exhaust Fan	
	Oven/Racks	
	Refrigerator	
	Freezer	
	Ice Trays	
	Interior	
	General	
	Cabinets/Drawers	
	Sink/Disposal	

	Lights	
	Walls	
	Floor	
	Windows/Screens	

MISC: _____

_____

Owner will make the following repairs by the following dates:

Repair _____ Date _____

Repair _____ Date _____

Signatures:

_____ _____

Owner/Agent Date

_____ _____

Resident Date