

Appendix A

Apartment Condition Checklist

The purpose of this checklist is to document the original condition of the apartment at the beginning of the lease term. Examine each item in the apartment and record its condition by checking the appropriate column. NP = no problem; P = problem; or NA = not applicable. Then on a separate sheet of paper, describe each problem in as much detail as possible. If you choose, you can provide this to your landlord, or keep it for your records. You may also want to take photos.

Street Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Living Room

NP	P	NA	
			Doors
			Screens
			Windows
			Floor
			Rug/Carpet
			Walls
			Shades/Blinds
			Ceiling
			Closets
			Light Fixtures
			Outlets
			Fireplace
			Sofa
			Lounge
			Chairs
			Other chairs
			End tables
			Coffee Tables
			Lamps
			Bookshelves
			Drapes/curtains

Dining Room

NP	P	NA	
			Doors
			Screens
			Windows
			Floor
			Rug/Carpet
			Walls
			Shades/Blinds
			Ceiling
			Closets
			Light Fixtures
			Outlets
			Tables
			Chairs
			Cabinets
			Drapes/Curtains
			Shades/Blinds

Kitchen

NP	P	NA	
			Doors
			Screens
			Floor
			Walls
			Ceiling
			Closets
			Sink
			Stove/Oven
			Hood/Fan
			Refrigerator
			Garbage Disposal
			Dishwasher
			Light Fixtures
			Shades/Blinds
			Counter Tops
			Drawers
			Cupboards
			Cabinets
			Dinette Chairs
			Dinette Chairs
			Drapes/Curtains

Bathroom

NP	P	NA	
			Doors
			Fan
			Tissue Holder
			Towel Racks
			Mirrors
			Medicine Cabinet
			Other Cabinets
			Drawers
			Bathtub
			Shower
			Shower Tiles
			Shower Curtain/Door
			Sink
			Toilet

			Light Fixtures
			Outlets
			Drapes/Curtains
			Shades/Blinds

Bedroom 1

NP	P	NA	
			Doors
			Screens
			Windows
			Floor
			Rug/Carpet
			Walls
			Ceiling
			Closets
			Bookshelves
			Light Fixtures
			Outlets
			Box Bed Spring
			Bed Frame
			Bed Headboard
			Shades/Blinds
			Night Tables
			Lamps
			Mirrors
			Dressers
			Chairs
			Study Table/Desk
			Drapes/Curtains

Bedroom 2

NP	P	NA	
			Doors
			Screens
			Windows
			Floor
			Rug/Carpet
			Walls
			Ceiling
			Closets
			Bookshelves
			Light Fixtures

			Outlets
			Box Bed Spring
			Bed Frame
			Bed Headboard
			Shades/Blinds
			Night Tables
			Lamps
NP	P	NA	<i>(Bedroom 2 cont)</i>
			Mirrors
			Dressers
			Chairs
			Study Table/Desk
			Drapes/Curtains

Bedroom 3

NP	P	NA	
			Doors
			Screens
			Windows
			Floor
			Rug/Carpet
			Walls
			Ceiling
			Closets
			Bookshelves
			Light Fixtures
			Outlets
			Box Bed Spring
			Bed Frame
			Bed Headboard
			Shades/Blinds
			Night Tables
			Lamps
			Mirrors
			Dressers
			Chairs
			Study Table/Desk
			Drapes/Curtains

Bedroom 4

NP	P	NA	
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			Doors
			Screens
			Windows
			Floor
			Rug/Carpet
			Walls
			Ceiling
			Closets
			Bookshelves
			Light Fixtures
NP	P	NA	<i>(Bedroom 4 cont)</i>
			Outlets
			Box Bed Spring
			Bed Frame
			Bed Headboard
			Shades/Blinds
			Night Tables
			Lamps
			Mirrors
			Dressers
			Chairs
			Study Table/Desk
			Drapes/Curtains

Additional sheets are attached that describe in details problem conditions in the apartment.

Landlord/Agent

Date

Tenant

Date

Tenant

Date

Tenant

Date

Tenant

Date

Tenant

Date

Tenant

Date