	_	
Unit #:		
Tenant:	Due Date:	
Area/Item	Condition on Arrival	Condition on Departure
ENTRYWAY		
Floors		
Air Intake Vent		
Walls and Ceiling		
Front Door and Lock		
Other		
KITCHEN		
Floors		
Walls and Ceiling		
Light Fixtures		
Cabinets		
Counters		
Stove/Oven		
Refrigerator		
Dishwasher		
Microwave		
Garbage Disposal		
Sink and Plumbing		
Smoke Detector		
Pantry		
Other		
LAUNDRY ROOM		
Floors		
Walls and Ceiling		

FORM A

Cabinets

Light Fixtures

Internal Office Use Only	
Date Rcvd:	
Received By:	

Other	
DINING ROOM	
Floors	
Walls and Ceiling	
Light Fixtures	
Other	
LIVING ROOM	
Floors	
Walls and Ceiling	
Light Fixtures	
Windows, Screens, & Doors	
Smoke Detectors	
Blinds	
Other	
PATIO/STORAGE AREA	
Handrail	
Light Fixtures	
Floor	
Storage Door and Lock	
Walls and Ceiling	
Other	
HALLWAYS	
Floors	
Walls and Ceiling	
Smoke Detectors	
Light Fixtures	
Other	
SPARE BATHROOM	
Floors	

FORM A

Internal Office Use Only	
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	1	
Walls and Ceiling		
Door		
Light Fixtures		
Towel Rack		
Bathtub/Shower		
Sink and Counter		
Toilet		
Drawers and Cabinets		
Other		
SPARE BEDROOM #1		
Floors		
Windows, Screens, Doors		
Walls & Ceiling		
Light Fixtures		
Smoke Detectors		
Blinds		
Closet		
Other		
SPARE BEDROOM #2		
Floors		
Windows, Screens, Doors		
Walls & Ceiling		
Light Fixtures		
Smoke Detectors		
Blinds		
Closet		
Other		
MASTER BEDROOM		
Floors		

FORM A

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Windows, Screens, Doors		
Walls & Ceiling		
Light Fixtures		
Smoke Detectors		
Blinds		
Closet		
Other		
MASTER BATHROOM		
Floors		
Walls and Ceiling		
Door		
Light Fixtures		
Towel Rack		
Bathtub/Shower		
Sink and Counter		
Toilet		
Drawers and Cabinets		
Other		
OTHER		
handbook. These fees may include, but	y apply if apartment is not cleaned to sp at are not limited to: Minimum cleaning for a maximum of 30 days for any perso	fee \$200, minimum carpet cleaning
Tenant Signature:	Date	e:
Landlord Signature:	Date	e:
FORM A		

Internal Office Use Only
Date Rcvd:
Received By:
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