

Check IN - (Permanent damage noted before move-in)

Kitchen:

Cabinets/Drawers:	
Under Sink:	
Sink/Faucet:	
Floor/Baseboards:	
Countertops:	
Blinds:	
Stovetop/drip pans:	
Oven:	
Under Oven:	
Broiler Pan:	
Refrigerator/Drawers:	
Under Refrigerator:	
Walls:	
Light Fixture:	

Livingroom:

Floor/Baseboards:	
Windows:	
Blinds:	
Walls:	
Light Fixture:	

Hall:

Floor/Baseboards:	
Walls:	
Linen Closet:	

Bathroom:

Sink/Faucet:	
Countertop:	
Bathtub:	
Toilet:	
Mirror/Cabinet:	
Floor:	
Under Sink:	
Walls:	
Window:	

Bedroom #1:

Walls:	
Floors/Baseboards:	
Window:	
Blinds:	
Closet:	
Closet Door:	
Light Fixture:	

Bedroom #2:

Walls:	
Floors/Baseboards:	
Window:	
Blinds:	
Closet:	
Closet Door:	
Light Fixture:	

Misc:

Utility Closet:	
Fire Ext.	
Smoke Det.	

Signature/Date: _____