

INVENTORY & INSPECTION REPORT

Name of Lessee _____ Pre-Move-In Inspection Date _____
 Date Rented _____ Date Vacated _____ Term of Lease _____
 Apartment Number & Address _____

DEFINITION OF TERMS

"A" - Acceptable, meaning clean and/or functioning properly.

"N/A" - Not Acceptable, meaning must repair, clean or replace.

	<u>MOVE-IN CONDITION</u>	<u>MOVE-OUT CONDITION</u>	<u>EXPLANATION OF MOVE-OUT CHARGES</u>
RANGE			
Burners & Under	_____	_____	_____
Behind/Under Range	_____	_____	_____
Inside, Out Range	_____	_____	_____
Racks	_____	_____	_____
Broiler Pan	_____	_____	_____
REFRIGERATOR			
Inside & Out	_____	_____	_____
Racks (Inside)	_____	_____	_____
Behind	_____	_____	_____
Ice Trays	_____	_____	_____
Under Ref. & Pan	_____	_____	_____
KITCHEN			
Disposal & Drain	_____	_____	_____
Counter Top	_____	_____	_____
Sink	_____	_____	_____
Faucet	_____	_____	_____
Dishwasher In-Out	_____	_____	_____
Shelves & Drawers	_____	_____	_____
Under Sink	_____	_____	_____
Levolor Shades	_____	_____	_____
CLOSETS			
A/C and Filter	_____	_____	_____
Shelves Walls	_____	_____	_____
Doors & Hardware	_____	_____	_____
WALLS & CEILING			
Wash & Renew	_____	_____	_____
Scratches & Holes	_____	_____	_____
Baseboards	_____	_____	_____

CARPETS & LINOLEUM

Vacuum	_____	_____	_____
Spot	_____	_____	_____
Shampoo	_____	_____	_____
Holes	_____	_____	_____

DOORS & WINDOWS

Screens & Glass	_____	_____	_____
Latches & Locks	_____	_____	_____
Sliding Door Tracks	_____	_____	_____

DRAPES

Clean/No Soil Spots	_____	_____	_____
Rods/Clean & Work	_____	_____	_____

ELECTRICAL FIXTURES

Cover Plates	_____	_____	_____
Light Bulbs/60 watts	_____	_____	_____
Globes Clean In-Out	_____	_____	_____

BATHROOMS

Medicine Cabinets	_____	_____	_____
Light Bulbs/40 watts	_____	_____	_____
Lavatory	_____	_____	_____
Tub	_____	_____	_____
Wall Tile	_____	_____	_____
Stool	_____	_____	_____
Drains	_____	_____	_____
Faucets	_____	_____	_____
Towel Racks	_____	_____	_____
No Wax on Floor	_____	_____	_____
No Appliqués on Tub	_____	_____	_____

EXCEPTIONS, COMMENTS

I acknowledge that I have checked the indicated apartment, and that this inspection report accurately describes the condition of said apartment and inventory of all furnishings provided.

Resident: _____ Resident: _____
 Manager: _____ Manager: _____
 Move-In Date: _____ Move-Out Date: _____

CLEANING CHARGES

Personnel Used	Hours	X	Wages =	Charges
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____
_____	_____		_____	_____

Materials Used: _____

Repairs: _____

Total: _____

TOTAL CHARGES AGAINST LESSEE

Total charges for cleaning as defined above:	_____
Rent due for _____	_____
Keys not returned	_____
Utilities not paid	_____
Sub Leasing Fee	_____
	Total Charges: _____
Total deposit:	_____
Less total charges:	_____
Balance due Lessee:	_____
Balance due Lessor if greater than deposit:	_____

Date Paid: _____