

APARTMENT INSPECTION REPORT

MUST BE RETURNED WITHIN FIVE DAYS

APT. # _____ APT. PHONE NUMBER _____

APT. ADDRESS _____

RESIDENTS:

Provide a brief description of damages to the following items:

KITCHEN

Floor _____

Walls _____

Ceiling _____

Cabinets _____

Range/Oven/Broiler _____

Hood and Fan _____

Refrigerator _____

Lights _____

Sinks and Counters _____

Windows and Screens _____

LIVING ROOM, DINING AREA, AND HALLWAYS

Floor, Carpet _____

Walls _____

Front Door _____

Lights _____

Blinds _____

Windows and Screens _____

Sofa/Chair _____

Tables _____

Dinette Set _____

BATHROOMS

Floor _____

Walls _____

Ceiling _____

Sink and Vanity _____
Tub/Shower _____
Exhaust Fan _____
Lights _____
Toilet _____
Towel Bar _____
Medicine Cabinet _____

BEDROOMS

Carpet _____
Walls _____
Blinds _____
Lights _____
Beds _____
Chests _____
Windows and Screens _____
Closets _____

I have inspected further that upon vacating the premises listed above, any cleaning, painting or repairs other than normal wear and tear will be charged to the residents. Repair and replacement charges resulting from the resident's negligence will also be added.

Resident's Signature Date

Resident's Signature Date

Resident's Signature Date

Resident's Signature Date

Resident's Signature Date