














<b>MASTER BEDROOM</b> 	<b>BEDROOM</b> 	<b>BEDROOM</b> 
<i>Closet</i>	<i>Closet</i>	<i>Closet</i>
<i>Door</i>	<i>Door</i>	<i>Door</i>
<i>Floors/Carpet</i>	<i>Floors/Carpet</i>	<i>Floors/Carpet</i>
<i>Light Fixture</i>	<i>Light Fixture</i>	<i>Light Fixture</i>
<i>Walls/Ceiling</i>	<i>Walls/Ceiling</i>	<i>Walls/Ceiling</i>
<i>Window Coverings</i>	<i>Window Coverings</i>	<i>Window Coverings</i>
<i>Window</i>	<i>Window</i>	<i>Window</i>
<i>Window Screen</i>	<i>Window Screen</i>	<i>Window Screen</i>
<i>Other:</i>	<i>Other:</i>	<i>Other:</i>
<b>MASTER BATHROOM</b> 	<b>BATHROOM</b> 	<b>1/2 BATHROOM</b> 
<i>Closet</i>	<i>Closet</i>	<i>Closet</i>
<i>Exhaust Fan</i>	<i>Exhaust Fan</i>	<i>Exhaust Fan</i>
<i>Floors</i>	<i>Floors</i>	<i>Floors</i>
<i>Light Fixture</i>	<i>Light Fixture</i>	<i>Light Fixture</i>
<i>Medicine Cabinet</i>	<i>Medicine Cabinet</i>	<i>Medicine Cabinet</i>
<i>Sink</i>	<i>Sink</i>	<i>Sink</i>
<i>Shower/Bathtub</i>	<i>Shower/Bathtub</i>	<i>Shelves</i>
<i>Toilet</i>	<i>Toilet</i>	<i>Toilet</i>
<i>Towel Racks</i>	<i>Towel Racks</i>	<i>Walls/Ceiling</i>
<i>Walls/Ceiling</i>	<i>Walls/Ceiling</i>	<i>Window Coverings</i>
<i>Window Coverings</i>	<i>Window Coverings</i>	<i>Window</i>
<i>Window</i>	<i>Window</i>	<i>Window Screen</i>
<i>Window Screen</i>	<i>Window Screen</i>	<i>Other:</i>
<b>FURNISHINGS</b>	<b>FURNISHINGS/OTHER</b>	<b>SERVICE EQUIPMENT</b>
<i>Bed</i>		<i>Air Conditioner</i>
<i>Chair</i>		<i>Heater</i>
<i>Couch</i>		
<i>Dresser</i>		
<i>DVD Player</i>		
<i>Table</i>		
<i>TV</i>		



# DAMAGE CHECKLIST

# PROTECT YOUR SECURITY DEPOSIT

# 2009

<b>KITCHEN</b> 	<b>LIVING ROOM</b> 	<b>DINING ROOM</b> 
Cabinets	Closet	Closet
Closet	Fireplace	Light Fixture
Dishwasher	Floors/Carpet	Floors/Carpet
Garbage Disposal	Light Fixture	Walls/Ceiling
Floors	Walls/Ceiling	Window Coverings
Light Fixture	Window Coverings	Window
Microwave	Window	Window Screen
Refrigerator	Window Screen	Other:
Sink	Other:	
Stove/Oven		
Walls/Ceiling		
Window Coverings		
Window		
Window Screen		
<b>UTILITY ROOM</b> 	<b>STORAGE ROOM/GARAGE</b> 	<b>EXTERIOR</b> 
Cabinets	Door	Front Door
Closet	Floors/Carpet	Walkway
Washing Machine	Light Fixture	Walls
Dryer	Walls/Ceiling	Trim
Floors	Window Coverings	Other:
Light Fixture	Window	
Other:	Floors/Carpet	

**Move-In Inspection** Give copy to landlord within 5 days of move-in. Take pictures of significant defects.

The undersigned hereby acknowledge the above conditions upon the move-in date, \_\_\_\_\_.

Resident: \_\_\_\_\_ Resident: \_\_\_\_\_

Resident: \_\_\_\_\_ Management: \_\_\_\_\_

**Move-Out Inspection** Ask in writing for a time to walk through the property with your landlord at move-out.

The undersigned hereby acknowledge the above conditions upon the vacating date, \_\_\_\_\_.

Resident: \_\_\_\_\_ Resident: \_\_\_\_\_

Resident: \_\_\_\_\_ Management: \_\_\_\_\_

**Security Deposit Return** Management has 45 days to itemize damages and deductions and return security deposit.

**Send To:** Name & Address \_\_\_\_\_