








DAMAGE CHECKLIST

PROTECT YOUR SECURITY DEPOSIT

2009







MASTER BEDROOM 	BEDROOM 	BEDROOM 
<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>
MASTER BATHROOM 	BATHROOM 	1/2 BATHROOM 
<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>
FURNISHINGS	FURNISHINGS/OTHER	SERVICE EQUIPMENT
<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>		



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KITCHEN 	LIVING ROOM 	DINING ROOM 
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		
UTILITY ROOM 	STORAGE ROOM/GARAGE 	EXTERIOR 
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 _____