

## DAMAGE CHECKLIST

Use the following checklist to determine the condition of the premises you intend to rent before you move in.

Address of the Building: \_\_\_\_\_

Unit (bdrm) Number: \_\_\_\_\_ Name of the Landlord: \_\_\_\_\_

Names of Tenants: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Complete this form in duplicate at the beginning and the end of your tenancy. This should protect the tenants from any potential future actions by the landlord regarding damage by the tenant. Be sure that the landlord and the tenants sign the form.

	Item	Condition Moving In	Condition Moving Out		Item	Condition Moving In	Condition Moving Out
Bedroom	Paint Walls Ceiling Carpet Floor Curtains Bed Frame Mattress Dresser Closet Light Fixture Floor Lamps Chairs Window			Living Room	Paint Walls Ceiling Carpet Floor Curtains Light Fixture Sofa Chair Coffee Table Bookcase Floor Lamps Desk Windows		
Bathroom	Paint Walls Ceiling Bathtub Faucets Window Sink Toilet Shower Towel Racks Floor			Kitchen	Refrigerator Stove Burners Oven Cabinets Paint Walls Ceiling Floor Dishwasher Windows		

Date(s) for repairs to be finished: \_\_\_\_\_

Approval at beginning of tenancy:

Landlord: \_\_\_\_\_

Tenant: \_\_\_\_\_

Tenant: \_\_\_\_\_

Approval at end of tenancy:

Landlord: \_\_\_\_\_

Tenant: \_\_\_\_\_

Tenant: \_\_\_\_\_