

Address: _____ Apt. # _____
 Landlord _____
 Tenants _____

Housing Conditions Checklist: Complete this form in duplicate as soon as you move in. Fill out, date, sign this document and keep a copy and give a copy to the landlord.

KEY: G-Good, F-Fair, P-Poor, D-Damaged, M-Missing

AREA	G	F	P	D	M	COMMENTS
Living Room						
Floor						
Walls						
Ceiling						
Doors						
Windows						
Screens						
Carpet						
Curtains						
Lights						
Blinds						
Outlets						
Dining Room						
Floor						
Walls						
Ceiling						
Doors						
Windows						
Screens						
Carpet						
Curtains						
Lights						
Blinds						
Outlets						
Hallway						
Walls						
Floor						
Ceiling						
Windows						
Screens						
Blinds						
Closets						
Stairs						
Outlets						
Kitchen						
Floor						
Walls						
Ceiling						
Doors						
Windows						
Screens						
Carpet						
Curtains						
Lights						
Blinds						
Outlets						
Refrigerator						
Stove						
Burners						
Exhaust Fan						
Cabinets						
Sink						
Counters						

KEY: G-Good, F-Fair, P-Poor, D-Damaged, M-Missing

AREA	G	F	P	D	M	COMMENTS
Bedrooms (each one)						
Floor						
Walls						
Ceiling						
Doors						
Windows						
Screens						
Carpet						
Curtains						
Lights						
Blinds						
Outlets						
Bathrooms						
Floor						
Walls						
Ceiling						
Bathtub						
Sink						
Toilet						
Mirror						
Lights						
Curtains						
Towel Racks						
Cabinets						
Door						
Window						
Screen						
Blinds						
Outlets						
Entrance						
Screen Door						
Door						
Lock						
Keys						
Lights						
Mailbox						

Misc. Items: Air conditioning, Heating Unit, Fire Place, Closets, Drawers in Kitchen and Bathrooms, Insects, Rodents, Holes, Light Bulbs, and Paint. Other Observations: _____

 Signature of Landlord

 Signature of Tenant

 Signature of Tenant

 Signature of Tenant

 Signature of Tenant

 Date

 Date