Inventory Checklist

This inventory form is for the protection of both the tenant and landlord.

You and your landlord should fill it out within three days of your moving in. Then, at least one week before moving out, you should arrange a time to make the final inspection. Both you and your landlord should sign and receive a copy of the form following each inspection.

In completing the form, be specific and check carefully. Among the things you should look for are dust, dirt, grease, stains, burns, damage, and wear.

Additions to this list may be made as necessary. Attach additional paper if more space is needed, but remember to include a copy for both parties. Both parties should initial any additional pages. Cross out items that do not apply.

Apartment Name and Address _____

Unit No. _____

	Item	Quantity if applicable	Condition Upon Arrival	Condition Upon Departure Note deterioration beyond reasonable use and wear for which tenant is alleged to be responsible.
KITCHEN	Cupboards			
	Floor covering			
	Walls and ceiling			
	Counter surfaces			
	Stove and oven, range hood (broiler pan, grills, etc.)			
	Refrigerator (ice trays, butter dish, etc.)			
	Sink and garbage disposal			
	Tables and chairs			
	Windows (draperies, screens, etc.)			
	Doors, including hardware			
	Light fixtures			
LIVING ROOM	Floor covering			
	Walls and ceiling			
	Tables and chairs			
	Sofa			
	Windows (draperies, screens, etc.)			
	Doors, including hardware			
	Light fixtures			

Note: any refund of the security deposit to which the tenant is entitled must be returned to the tenant within three weeks after the premises are vacated, as required by California Civil Code 1950.5.

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	Item	Quantity if applicable	Condition Upon Arrival	Condition Upon Departure Note deterioration beyond reasonable use and wear for which tenant is alleged to be responsible.
BATHROOM	Floor covering			
	Walls and ceiling			
	Shower and tub (walls, door, tracks)			
	Toilet			
	Plumbing fixtures			
	Windows (draperies, screens, etc.)			
	Doors, including hardware			
	Light fixtures			
	Sink, vanity, medicine cabinet			
BEDROOM	Floor covering			
	Walls and ceiling			
	Closet, including doors and tracks			
	Desk(s) and chair(s)			
	Dresser(s)			
	Bed(s) (frame, mattress—check both sides for stains—pads, boxsprings)			
	Windows (draperies, screens, etc.)			
	Doors, including hardware			
	Light fixtures			
HALLWAYS OR OTHER AREAS	Floor covering			
	Walls and ceiling			
	Closets, including doors and tracks			
	Light fixtures			
	Air conditioner filter(s)			
	Patio, deck, yard (planted areas, ground covering, fencing, etc.)			
	Other (please specify)			

Beginning Inventory Date _____

Signature of Tenant _____

Signature of Owner or Agent _____

End-of-Term Inspection Date _____

Signature of Tenant _____

Signature of Owner or Agent _____