

Assessment of Condition of Rental Property

This checklist will help you protect your initial deposit. Using the key below, fill in the letter that best describes the condition of your unit when you begin your lease, and then give a copy of this checklist to your landlord to be filed away. When you move out, request this checklist from your landlord, fill in the "End of Lease" column, and then return it to your landlord. Your landlord may want to corroborate your assessment using the "Landlord's end-of-lease assessment" column.

Key	
Missing	M
Good condition	G
Scratched	S
Damaged	D
Broken	B
Repair needed	R

Exterior	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Front door				
Front screen door				
Back door				
Back screen door				
Screens and storm windows				
Windows and frames				
Mailbox				
Doorbell				
Apartment number				
Garbage container				
Recycling containers				
Security intercom				
Siding				
Stucco				
Patio				
Decking				
Vent Covers				

Additional Comments: _____

Owner Initials: _____ Landlord Initials: _____

Kitchen	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Windows				
Blinds/curtains				
Floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Stove				
Refrigerator				
Dishwasher				
Garbage disposal				
Sink				
Cabinets and counter				
Baseboards				
Trim				
Other				

Additional Information: _____

Dining room	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Windows				
Blinds/curtains				
Carpet or floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Baseboards				
Trim				

Additional Information: _____

Owner Initials: _____ Landlord Initials: _____

Living room	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Windows				
Blinds/curtains				
Carpet or floor				
Walls				
Ceilings				
Outlets				
Lights and switches				
Baseboards				
Trim				
Cable outlet				
Other				

Additional Information: _____

Hallway and Stairwell	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Carpet or floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Baseboards				
Trim				
Stair treads				
Landing and handrail				
Other				

Additional Information: _____

Owner Initials: _____ Landlord Initials: _____

Bedroom #1	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Windows				
Blinds/curtains				
Carpet or floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Closet				
Baseboards				
Trim				
Other				

Additional Information: _____

Bedroom #2	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Windows				
Blinds/curtains				
Carpet or floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Closet				
Baseboards				
Trim				
Other				

Additional Information: _____

Owner Initials: _____ Landlord Initials: _____

Bedroom #3	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Windows				
Blinds/curtains				
Carpet or floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Closet				
Baseboards				
Trim				
Other				

Additional Information: _____

Bedroom #4	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Windows				
Blinds/curtains				
Carpet or floor				
Walls				
Ceiling				
Lights and switches				
Outlets				
Closet				
Baseboards				
Trim				
Other				

Additional Information: _____

Owner Initials: _____ Landlord Initials: _____

Bathroom #1	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Window				
Blinds/curtains				
Floor				
Walls				
Ceiling				
Sink				
Tub and/or shower				
Toilet				
Cabinet, shelves, closet				
Towel bars				
Lights and switches				
Outlets				
Baseboards				
Trim				

Additional Information: _____

Bathroom #2	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Window				
Blinds/curtains				
Floor				
Walls				
Ceiling				
Sink				
Tub and/or shower				
Toilet				
Cabinet, shelves, closet				
Towel bars				
Lights and switches				
Outlets				
Baseboard				
Trim				

Additional Information: _____

Owner Initials: _____ Landlord Initials: _____

Bathroom #3	Beginning of lease	End of lease	Landlord's end-of-lease assessment	Comments
Door				
Window				
Blinds/curtains				
Floor				
Walls				
Ceiling				
Sink				
Tub and/or shower				
Toilet				
Cabinet, shelves, closet				
Towel bars				
Lights and switches				
Outlets				
Baseboard				
Trim				

Additional Information: _____

Furniture	Beginning of Lease	End of Lease	Landlord's end-of-lease assessment	Comments
Kitchen chairs				
Tables				
End tables				
Lounge chairs				
Couches				
Lamps				
Desks				
Desk chairs				
Bookshelves				
Beds				
Mattresses				
Dressers				
Other				

Owner Initials: _____ Landlord Initials: _____

Additional Information: _____

Signature: _____ Date: _____ Time: _____

Signature: _____ Date: _____ Time: _____

Landlord Signature: _____ Date: _____ Time: _____