Damage Checklist

Rental Unit Address: ___________________________________________ Apt#: __________

The purpose of this checklist is to document the original condition of the rental unit at the beginning of the lease term. Examine the entire unit and each item you will be responsible for. Record its condition (np = no problem, p = problem; na = not applicable). Use the comment section to describe each problem such as stains, cracks, holes, dirt, and items which appear to be missing. Be as accurate as possible. Test everything. Open windows, turn on lights and the oven, turn the water on and then flush the toilet to see if the water pressure is good. Make sure you examine everything. Use a blank sheet if necessary. All sheets should be attached, signed and dated.

General:

Doors, locks _______ Smoke detectors_________ Porches__________ Outside lights, door bell_______ General exterior condition________
comments:_____________________________________________________________________
______________________________________________________________________________

Living Room:

Windows, screens, storms_________ Curtains, shades________ Floor, rugs, carpet________ Walls, ceiling, woodwork________ Outlets, lights_________ Couch,
Chair(s), table (s)________ Overall cleanliness________ 
comments:_____________________________________________________________________
______________________________________________________________________________

Dining Room:

Windows, screens, storms_________ Curtains, shades________ Floor, rugs, carpet_________ Walls, ceiling, woodwork________ Outlets, lights_________ Table,
chairs, cabinet________ Overall cleanliness________ 
comments:_____________________________________________________________________
______________________________________________________________________________

Kitchen:

Windows, screens, storms_________ Curtains, shades________ Floor, rugs, carpet_________ Walls, ceiling, woodwork________ Outlets, lights_________ Cabinets, drawers,
countertop_______ Sink (stopper works)________ Refrigerator (open)_________
Stove, burner (work)_________ Microwave_______ Garbage disposal_________
Dishwasher (open)_________ Table, chairs________ Overall cleanliness________
comments:_____________________________________________________________________
______________________________________________________________________________
Bath:

Windows, screens, storms_________ curtain shades________ walls, ceiling, woodwork, floor __________ outlets, lights, fans________ sink and tub (stopper works)_________ Do they drain well?________ Loose tiles __________ Towel rack, mirror, cabinet __________ shower curtain/door ___________ flush toilet ____________ overall cleanliness ____________

comments:_____________________________________________________________________
______________________________________________________________________________

Bedroom 1:

Windows, screens, storms_________ curtains, shades __________ walls, ceiling, woodwork, floor __________ outlets, lights _____________ bed, chest, desk, mirror ___________ closet ___________ overall cleanliness ____________

comments:_____________________________________________________________________
______________________________________________________________________________

Bedroom 2:

Windows, screens, storms_________ curtains, shades __________ walls, ceiling, woodwork, floor __________ outlets, lights _____________ bed, chest, desk, mirror ___________ closet ___________ overall cleanliness ____________

comments:_____________________________________________________________________
______________________________________________________________________________

Bedroom 3:

Windows, screens, storms_________ curtains, shades __________ walls, ceiling, woodwork, floor __________ outlets, lights _____________ bed, chest, desk, mirror ___________ closet ___________ overall cleanliness ____________

comments:_____________________________________________________________________
______________________________________________________________________________

Other:________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The tenants and property owner/agent agree that this is an accurate description of the rental unit as of ____________________________(date).

Property owner/agent________________________ date ________________

Tenant:___________________________________ date________________

Tenant:___________________________________ date________________

Tenant:___________________________________ date________________

Make sure everyone involved gets a copy