



DWELLING UNIT CHECK LIST

(To be completed and signed by Tenant and Owner/Agent)

Tenant Name _____ Unit Address _____

Tenant Address _____ Apartment Number _____

Exterior Items (check if present): Mail Box Lawn Tools Garbage Cans Address Plate Exit Light Fixtures

ACCEPTABLE · MISSING · REPAIR PLEASE MARK EACH ITEM ACCORDINGLY USING "A" OR "R" OR "M"	Living Room	Dining Room	Kitchen	Bathroom	2nd or 1/2 Bath	Bedroom 1	Bedroom 2	Bedroom 3	Bedroom 4	Basement	COMMENTS
	ADEQUATE HEAT - GAS, OIL, ELECTRIC (circle one)										
WALLS											
CEILING											
FLOOR - CARPET, TILE, HARDWOOD (circle one)											
DOORS (including hardware and glass)											
WINDOWS (including storms, screens & locks)											
CURTAIN/DRAPERY RODS											
SHADES/BLINDS											
OUTLETS (2 per room; or overhead & 1 outlet)											
LIGHT FIXTURES											
LIGHT BULBS											
CLOSETS											
CABINETS											
COUNTER TOPS											
VENT FAN											
TOILET											
WASH BASIN/SINK											
SHOWER OR TUB											
TOWEL AND PAPER HOLDER											
PROPER STORAGE AREA											
FOOD PREPARATION AREA											
HOT AND COLD RUNNING WATER											
PROPERLY WORKING DRAIN SYSTEM											
SMOKE DETECTOR ON ALL LEVELS											<input type="checkbox"/> YES <input type="checkbox"/> NO
SAFE STAIRWAYS (handrails for 3 or more steps)											<input type="checkbox"/> YES <input type="checkbox"/> NO
INFESTATION (mice, rats, roaches; list)											<input type="checkbox"/> YES <input type="checkbox"/> NO
OTHER INTERIOR/EXTERIOR REPAIRS (use reverse, if necessary)											<input type="checkbox"/> YES <input type="checkbox"/> NO

Is stove furnished by the Owner? Yes No
Is refrigerator furnished by the Owner? Yes No

Do you have your own? Yes No
Do you have your own? Yes No

The unit located at the above address has been checked by both the Landlord/Manager and Tenant, and found in condition as noted.

Owner or Authorized Agent _____ Date _____ Tenant _____ Date _____

