

Tenant Checklist

Landlord's contact information:			
Full name:		Company name:	
Address:		Phone 1: ()	
		Phone 2: ()	
My address:			
Move in date:		Inspection date:	
Rental Information			
Rent amount:		Rent due date:	
Security deposit amount:		Date security deposit paid:	
Utilities:	Tenant pays	Landlord pays	My estimated cost
Heat (gas, oil, propane)			
Hot water			
Electricity			
Other:			
Smoking policy?		Pets allowed?	
Parking policy?			
Conditions			
Bedbug history?		If Y, last treatment date:	
Lead paint hazards?		If Y, copies of records?	
Key Codes: NC-Needs cleaning, CP-Chipping or peeling paint, RP-Replace, SC-Scratched, D-Damaged, NR- Needs repair			
Kitchen		Bathroom #1	
Floors:		Floors:	
Walls:		Walls:	
Ceiling:		Ceiling:	
Doors:		Doors:	
Windows/screens:		Windows/screens:	
Appliances:		Tub/shower:	
Cabinets/drawers:		Cabinets/drawers:	
Sink/faucet:		Sink/faucet:	
Light fixtures:		Light fixtures:	
Other:		Other:	
Living room		Bedroom #1	
Floors:		Floors:	
Walls:		Walls:	
Ceiling:		Ceiling:	
Doors:		Doors:	
Windows/screens:		Windows/screens:	
Light fixtures:		Light fixtures:	
Other:		Other:	
Other room:		Other room:	
Floors:		Floors:	
Walls:		Walls:	
Ceiling:		Ceiling:	
Doors:		Doors:	
Windows/screens:		Windows/screens:	
Light fixtures:		Light fixtures:	
Other:		Other:	

Tenant signature: _____

Date: _____

Landlord signature: _____

Date: _____