

APARTMENT INSPECTION FORM

Date: _____ Owner: _____ Manger/Owner: _____

Signature

Apt. # _____ Address: _____ Tenant: _____

Signature

PLEASE COMPLETE AND **RETURN TO LOCATORS LTD WITHIN SEVEN DAYS** OF MOVE IN. PLACE AN "X" BEFORE ANY DEFFECTIVE ITEM AND EXPLAIN EACH. WRITE "N/A" (NOT APPLICABLE) IF ITEM IS NOT PRESENT IN THE UNIT. IF TENANT FAILS TO TURN THIS BACK IN WE WILL DEEM THE PROPERTY IN GOOD CLEAN SAFE CONDITION.

KITCHEN APPLIANCES

_____ Range _____
 _____ Hood Fan _____
 _____ Disposal _____
 _____ Refrigerator _____

KITCHEN

_____ Floor _____
 _____ Sink-Faucets _____
 _____ Cabinets _____
 _____ Counter Tops _____
 _____ Walls-Ceiling _____
 _____ Fixture & Bulbs _____
 _____ Windows-Screens _____
 _____ Other (List) _____

BEDROOM #1

_____ Walls/Ceilings _____
 _____ Floor (Carpet) _____
 _____ Closets _____
 _____ Windows-Screens _____
 _____ Other (List) _____

BEDROOM #2

_____ Walls-Ceilings _____
 _____ Floor (Carpet) _____
 _____ Closets _____
 _____ Fixtures & Bulbs _____
 _____ Windows-Screens _____
 _____ Other (List) _____

BEDROOM #3

LIVING ROOM

_____ Floor (Carpet) _____
 _____ Wall- Ceilings _____
 _____ Windows-Screens _____
 _____ Fixtures & Bulbs _____
 _____ Drapes/Rods _____
 _____ Other (List) _____

HALLWAY/ENTRY

_____ Closets _____
 _____ Fixtures & Bulbs _____
 _____ Walls & Ceilings _____
 _____ Doors & Locks _____
 _____ Floor _____
 _____ Other (List) _____

BATHROOM

_____ Med. Cabinet _____
 _____ Toilet _____
 _____ Ceramic Tile/Caulk _____
 _____ Towel Bars _____
 _____ Vanity/Wash basin _____
 _____ Faucets _____

DINING ROOM

_____ Walls-Ceiling _____
 _____ Windows-Screens _____
 _____ Floor _____
 _____ Exhaust Fan _____
 _____ Other (List) _____

_____ Walls-Ceilings _____
 _____ Floor (Carpet) _____
 _____ Fixtures & Bulbs _____
 _____ Windows-Screens _____
 _____ Other (List) _____

(List)

ABOVE SIGNED HAS EXAMINED AND KNOWS THE CONDITION OF THIS APARTMENT, ITS EQUIPMENT AND APPLIANCES, AND RECEIVED SAME IN GOOD ORDER, WITH ONLY THOSE EXCEPTIONS ABOVE NOTED. NOTE: THIS FORM IS NOT INTENDED FOR A WORK OR REPAIR ORDER. IT IS TO BE USED AS THE BASIS OF THE DETERMINATION OF THE CONDITION OF THE RENT. FOR ADDITIONAL COMMENTS PLEASE USE REVERSE SIDE.