



Inventory Checklist

COMMENCEMENT
Inventory Checklist Form

PPM Office Use Only

Date Given / Staff

/ / ____

Date Due:

/ /

Tenant Name(s):

Date Returned / Staff

Unit Address:

/ / ____

YOU MUST COMPLETE THIS CHECKLIST NOTING THE CONDITION OF THE RENTAL PROPERTY AND RETURN IT TO THE LANDLORD WITHIN **7 DAYS** OF OBTAINING POSSESSION OF THE RENTAL UNIT. YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS CLAIMS CHARGEABLE AGAINST THE LAST PRIOR TENANTS.

Note Condition or Type of Damage

LIVING ROOM

DOOR (INCLUDING LOCKS)

WINDOWS

WINDOW BLINDS

WINDOW SCREENS

FLOORING

WALLS

CEILING

OTHER:

DINING ROOM

WINDOWS

WINDOW BLINDS

WINDOW SCREENS

FLOORING

WALLS

CEILING

OTHER:

KITCHEN

WINDOWS

WINDOW BLINDS

WINDOW SCREENS

FLOORING

CABINETS

WALLS

CEILING

APPLIANCES

OTHER:

HALLWAY

WALLS

CEILING

FLOORING

OTHER:

	<u>Note Condition or Type of Damage</u> <i>Please indicate bedroom location & occupant</i>
BEDROOM 1, _____	Location & Occupant Name:
DOOR	
WINDOWS	
WINDOW BLINDS	
WINDOW SCREENS	
FLOORING	
WALLS	
CEILING	
OTHER:	
BEDROOM 2, _____	Location & Occupant Name:
DOOR	
WINDOWS	
WINDOW BLINDS	
WINDOW SCREENS	
FLOORING	
WALLS	
CEILING	
OTHER:	
BEDROOM 3, _____	Location & Occupant Name:
DOOR	
WINDOWS	
WINDOW BLINDS	
WINDOW SCREENS	
FLOORING	
WALLS	
CEILING	
OTHER:	
BEDROOM 4, _____	Location & Occupant Name:
DOOR	
WINDOWS	
WINDOW BLINDS	
WINDOW SCREENS	
FLOORING	
WALLS	
CEILING	
OTHER:	
BEDROOM 5, _____	Location & Occupant Name:
DOOR	
WINDOWS	
WINDOW BLINDS	
WINDOW SCREENS	

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