

Furnished Unit Checklist

Resident(s): _____

Owner/Agent: _____

Address: _____

City: _____

State: _____

Zip: _____

This checklist is solely for furnished properties, and is an addendum to any other move-in/move-out checklists or rental documents. The purpose of this form is to document the condition of any provided furnishings at both the initial walk through of the unit and upon the termination of tenancy. This form is to be completed by both the tenant(s) and the owner/agent.

Key			
N:	New	NR:	Needs Repair
UD:	Undamaged	R:	Needs Replacing
SD:	Slightly Damaged	NC:	Needs Cleaning

Living Room	Move In	Move Out
Sofa/Sofa Sleeper		
Loveseat/Chair(s)		
Coffee Table		
End Table(s)		
Lamp(s)		
TV/Entertainment Console(s)		
Art Work		
Décor		
Throw Pillow(s)		
Appliance(s)		
Other:		
Other:		

Family Room/Den/Office	Move In	Move Out
Sofa/Sofa Sleeper		
Loveseat/Chair(s)		
Coffee Table		
End Table(s)		
Lamp(s)		
Desk(s)		
Art Work		
Décor		
Other:		
Other:		

Furnished Unit Checklist

Dining Room	Move In	Move Out
Table(s)		
Chairs		
Tablecloth/Placemat(s)		
Napkins		
Art Work		
Décor		
Other:		
Other:		

Kitchen Dining/Breakfast Bar	Move In	Move Out
Table(s)		
Chairs		
Art Work		
Décor		
Other:		
Other:		

Patio	Move In	Move Out
Table(s)		
Chairs		
Umbrella/Awning		
Firepit/Décor		
Other:		
Other:		

Appliances	Move In	Move Out

Furnished Unit Checklist

Bathroom 1	Move In	Move Out
Bath Towels		
Hand Towels		
Washcloths		
Shower Curtain		
Rug(s)		
Soap Dish/Dispenser		
Trashcan		
Toilet Brush		
Art Work		
Décor		
Other:		
Other:		

Bathroom 2	Move In	Move Out
Bath Towels		
Hand Towels		
Washcloths		
Shower Curtain		
Rug(s)		
Soap Dish/Dispenser		
Trashcan		
Toilet Brush		
Art Work		
Décor		
Other:		
Other:		

Bathroom 3	Move In	Move Out
Bath Towels		
Hand Towels		
Washcloths		
Shower Curtain		
Rug(s)		
Soap Dish/Dispenser		
Trashcan		
Toilet Brush		
Art Work		
Décor		
Other:		
Other:		

Furnished Unit Checklist

Bedroom 1	Move In	Move Out
Bedframe/Headboard		
Dresser(s)		
Night Stand(s)		
Lamp(s)		
Mirror(s)		
Trashcan		
Bedding		
Art Work		
Décor		
Appliance(s):		
Other:		
Other:		

Bedroom 2	Move In	Move Out
Bedframe/Headboard		
Dresser(s)		
Night Stand(s)		
Lamp(s)		
Mirror(s)		
Trashcan		
Bedding		
Art Work		
Décor		
Appliance(s):		
Other:		
Other:		

Bedroom 3	Move In	Move Out
Bedframe/Headboard		
Dresser(s)		
Night Stand(s)		
Lamp(s)		
Mirror(s)		
Trashcan		
Bedding		
Art Work		
Décor		
Appliance(s):		
Other:		
Other:		

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I/We, _____, the tenant(s), understand the damages that occur during tenancy fall under the tenant(s) responsibility and can be deducted from the security deposit after moving out.

Pictures of this property were taken during the tour:

Yes _____ No: _____

If yes, the original copies are in the possession of the:

Landlord _____ Tenant _____

Move-In Inspection:	Move-Out Inspection:
<i>Landlord/Agent Signature</i> _____ <i>Date</i> _____	<i>Landlord/Agent Signature</i> _____ <i>Date</i> _____
<i>Tenant Signature</i> _____ <i>Date</i> _____	<i>Tenant Signature</i> _____ <i>Date</i> _____
<i>Tenant Signature</i> _____ <i>Date</i> _____	<i>Tenant Signature</i> _____ <i>Date</i> _____
<i>Tenant Signature</i> _____ <i>Date</i> _____	<i>Tenant Signature</i> _____ <i>Date</i> _____

Tenant's Forwarding Address:
