

**PLEASE LEAVE ON KITCHEN COUNTER - ONLY ONE CHECKLIST PER ADDRESS**

Address: \_\_\_\_\_

<b>General Condition:</b> Indicate <b>Yes</b> or <b>No</b> in the box for each item below	Living Room	Dining Room	Bath 1	Bath 2	Kitchen	BR 1	BR 2	BR 3	BR 4	BR 5	BR 6	Basement
- All Ceilings & Woodwork Clean - No dust or cobwebs												
- Walls are clean, no stains												
- Doors are clean												
- All windows/mirrors are clean - Screens cleaned : remove dust from fans												
- Tile floors are clean												
- Mini blinds are in place & clean												
- Light fixtures are clean												
- All carpet vacuumed												
- Cement floors clean												
- Washer & dryer clean & empty												
- No trash or furniture on porches												

\*\*\* Please list any items from above that may need attention from our maintenance staff

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<b>Areas to pay attention to:</b>	
<b>*Tenants easily overlook these areas and/or do not clean them well enough. Clean the house so it looks like it did when you moved in to avoid a high cleaning bill.</b>	
Fridge	No food, defrosted, cleaned in/out, pull out and clean under and behind <b>*Do not unplug the fridge and leave the door closed.</b> The must/odor cannot be removed & sometimes requires replacing the fridge. <b>*Leave the fridge on and door closed*</b>
Stove	Clean inside/outside - no food splatters or grease. Clean oven, drip pans, and broilers. Pull out and clean floor underneath.
Bathroom	Clean tub/shower - remove soap scum/mildew. Clean toilet - inside and out. Clean sink. Wipe out medicine cabinet and all cabinets.

**SIGNATURES**

Tenant 1:  
\_\_\_\_\_

Rental Manager/Landlord:  
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Tenant 2:  
\_\_\_\_\_

Date of Inspection:  
\_\_\_\_\_

Tenant 3:  
\_\_\_\_\_

Date of Move Out:  
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Tenant 4:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

Tenant 5:  
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Tenant 6:  
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