Property Address:	Unit #:
Inspection Move-in date:	Inspection Move-out date:
Tenant(s) Name:	

Furnished rental inventory list

When completing this form, check all items carefully and be specific in all items noted. Check appropriate box

N=New

S=Satisfactory

O=Other

D=Deposit Deduction

N/A=Not applicable

	Move in			Comments	Mc	ve	out	:		Comments		
	N	S	0	D	N/A		N	S	0	D	N/A	
Living Room												
Sofa 1												
Sofa 2												
Sofa 3												
Chairs												
Lamp(s)												
Side table(s)												
Coffee Table												
Paintings												
Pillows												
Shelving												
Vase												
Kitchen												
Microwave												
Pots/Pans												
Toaster												
Baking Trash												
Blender												
Rice Cooker												
Utensils												
Can Opener												
Large Knife												
Small Knife												
Ladle												
Serving Spoon												
Spatula												
Peeler												
Grater												
Measuring Cups												
Measuring Spoons												
Chopping Board												
Colander												

Tenant Initials () ()	Landlord Initials () (
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Const. Distan				Ī	Ι	T		I			
Small Plates											
Large Plates											
Bowls											
Glassware											
Mugs											
Mixing Bowls											
Dish Towels											
Oven mits											
Coffee Pot											
Casserole Dish											
Large Trash Can											
Dining Room											
Table and chairs											
Place mats											
Artwork											
Bedroom #1											
Bed frames											
Bed mattress											
Box Spring											
Pillows											
Dressers											
Comforters											
Nightstand											
Bedside lamps											
Mirror											
Clocks/Decorative											
Artwork											
Bedroom #2											
Bed frames											
Bed mattress (and	hoxsnring (lene	nd	ing	On.	the f	rame type)				
Pillows	~ovobi iiig (, C P C		<u>6</u>	J.1		ianic type,	\vdash			
Dressers								-			
Comforters								\vdash			
Nightstand								\vdash			
Mignistanu				<u> </u>		<u> </u>		<u> </u>			

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Dadsida lamas									I		T .	
Bedside lamps												
Mirror												
Clocks/Decorative												
Artwork								_				
Bedroom #3												
Bed frames												
Bed mattress (and	boxspring of	depe	ndi	ng	on	the f	rame type)					
Pillows												
Dressers												
Comforters												
Nightstand												
Bedside lamps												
Mirror			T									
Clocks/Decorative												
Artwork												
Bedroom #4												
Bed frames												
Bed mattress (and	boxspring o	dene	ndi	ng	on	the f	rame type)					
Pillows	- Семеринд С			0	Ţ			+				
Dressers												
Comforters												
Nightstand												
Bedside lamps												
Mirror												
Clocks/Decorative								+				
Artwork												
Artwork												
								-				
								_				
Bedroom #5								_				
Bed frames		Ш]						_			
Bed mattress (and	boxspring o	lepe	ndi	ng	on	the f	rame type)					
Pillows									<u> </u>			
Dressers												
Comforters												
Nightstand												
Bedside lamps												
Mirror												
Clocks/Decorative												
Artwork												
								-				

Landlord Initials (_____) (_____)

Tenant Initials (_____) (_____)

			Т		I	Ī			
Bathroom #1									
						<u> </u>			
Shower Curtain		-							
Small Trash									
Toilet Brush						<u> </u>			
Plunger									
Shelves									
Bathroom #2									
Shower Curtain									
Small Trash									
Toilet Brush									
Plunger									
Shelves									
Bathroom #3									
Shower Curtain									
Small Trash									
Toilet Brush									
Plunger									
Shelves									
0.10.100									
			+						
Bathroom #4									
Shower Curtain			+			1			
Small Trash									
Toilet Brush									
Plunger			+			1			
Shelves			+			1			
Sileives			-						
						1			
						<u> </u>			
Othor		\vdash	+			1			
Other		\vdash	4	_					
Mop		\vdash	4						
Broom/dustpan			4	_		1			
Vacuum Cleaner			4						
			4			_			
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This section to be completed at Move-in: Receipt of a copy of this form is acknowledged by

Tenant: Date: Landlord: Date: Landlord: Date: This section to be completed at Move-out: Receipt of a copy of this form is acknowledged by Tenant: Date: Landlord: Date: Date	Tenant:	Date:	
Landlord: Date: This section to be completed at Move—tut: Receipt of a copy of this form is acknowledged by Tenant: Date: Tenant: Date: Landlord: Date: Landl	Tenant:	Date:	
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Tenant: Date: Tenant: Date: Landlord: Date: Landlord: Date: Landlord: Date: Landlord: Date: Date:			
Tenant: Date: Tenant: Date: Landlord: Date: Landlord: Date: Landlord: Date: Landlord: Date: Date:	This section to be completed at Move-	out: Receipt of a copy of this form	is acknowledged by
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Property Address: Tenant Initials (_____) (_____) Landlord Initials (_____) (_____)