Penn State WB Rental Recommended Inspection Checklist

Complete this inventory checklist as soon as you sign the lease. Do not move anything into your apartment until after you have filled this out. Take pictures of any damages, dents, marks, etc. Have the apartment manager/landlord sign it as well. If he/she is unavailable to sign it, send him/her a copy of it. You should keep the original copy for your records.

# Living Room

| Item | Quantity/Specific Location | Condition on Move-In |
| --- | --- | --- |
| Walls and Ceilings |  |  |
| Floor Coverings |  |  |
| Windows & Window Locks |  |  |
| Curtains, Blinds, etc. |  |  |
| Doors |  |  |
| Light Fixtures |  |  |
| Lamp(s) |  |  |
| Furniture (if furnished) |  |  |
| Baseboards/Moldings |  |  |
| Baseboard Heat |  |  |
| Central Air/Heat (if equipped) |  |  |
| TV/Dish Network/Wifi |  |  |
| Other Items |  |  |

# Kitchen

| Item | Quantity/Specific Location | Condition on Move-In |
| --- | --- | --- |
| Stove, Oven, Range,  |  |  |
| Hood, Broiler, Pans, Burners, etc. |  |  |
| Microwave Oven |  |  |
| Refrigerator |  |  |
| Dishwasher |  |  |
| Floor Coverings |  |  |
| Windows & Window Locks |  |  |
| Curtains, Blinds, etc. |  |  |
| Doors |  |  |
| Light Fixtures |  |  |
| Cabinets/Drawers |  |  |
| Counter Surfaces |  |  |
| Sink, Faucets, Garbage Disposal |  |  |
| Furniture (If furnished)  |  |  |
| Baseboards/Moldings |  |  |
| Baseboard Heat |  |  |
| Central Air/Heat (if equipped) |  |  |
| Other |  |  |

# Bedroom

| Item  | Quantity/ Specific Location | Condition on Move-In |
| --- | --- | --- |
| Walls and Ceilings |  |  |
| Floor Coverings |  |  |
| Windows & Window Locks |  |  |
| Curtains, Blinds, etc. |  |  |
| Doors |  |  |
| Light Fixtures |  |  |
| Closets (Doors and Tracks) |  |  |
| Book Shelves |  |  |
| Moldings and Baseboards |  |  |
| Furniture (if furnished) |  |  |
| Mirror |  |  |
| Baseboard Heat |  |  |
| Central Air/Heat (if equipped) |  |  |
| Water (Hot and Pressure) |  |  |
| Other |  |  |

# Bathroom

| Item | Quantity/ Specific Location | Condition on Move-In |
| --- | --- | --- |
| Walls and Ceilings |  |  |
| Floor Coverings |  |  |
| Windows & Window Locks |  |  |
| Curtains, Blinds, Etc. |  |  |
| Doors |  |  |
| Light Fixtures |  |  |
| Cabinets/Drawers |  |  |
| Counter Surfaces |  |  |
| Sink and Faucet |  |  |
| Toilet/Tissue Holder |  |  |
| Shower and Tub |  |  |
| Towel Racks |  |  |
| Mirror/Medicine Cabinet |  |  |
| Water (Hot and Pressure) |  |  |
| Exhaust Fan |  |  |
| Baseboard Heat |  |  |
| Central Air/Heat (if equipped) |  |  |
| Other |  |  |

# Other Areas

| Item | Quantity/Specific Location | Condition on Move-In |
| --- | --- | --- |
| Walls and Ceilings |  |  |
| Floor Coverings |  |  |
| Windows & Window Locks |  |  |
| Curtains, Blinds, etc. |  |  |
| Doors |  |  |
| Light Fixtures |  |  |
| Closets (Doors and Tracks) |  |  |
| Bookshelves |  |  |
| Moldings and Baseboards |  |  |
| Baseboard Heat |  |  |
| Central Air/Heat (if equipped) |  |  |
| Furniture (if furnished) |  |  |
| Doorbell/Knocker |  |  |
| Mailbox (Check Lock) |  |  |
| Yard, Patio, Deck |  |  |
| External Doors and Locks |  |  |
| Outside Lights |  |  |
| Other |  |  |

Move-In Date:

Tenant’s Signature:

Landlord’s Signature: