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	Move out					Comments
		N	S	O	D	N/A		N	S	O	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 (_____) (_____)

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 boxspring depending on the frame type)														
Pillows														
Dressers														
Comforters														
Nightstand														

Tenant Initials (_____) (_____)   Landlord Initials (_____) (_____)

Bedside lamps													
Mirror													
Clocks/Decorative													
Artwork													
Bedroom #3													
Bed frames													
Bed mattress (and boxspring depending on the frame type)													
Pillows													
Dressers													
Comforters													
Nightstand													
Bedside lamps													
Mirror													
Clocks/Decorative													
Artwork													
Bedroom #4													
Bed frames													
Bed mattress (and boxspring depending on the frame type)													
Pillows													
Dressers													
Comforters													
Nightstand													
Bedside lamps													
Mirror													
Clocks/Decorative													
Artwork													
Bedroom #5													
Bed frames													
Bed mattress (and boxspring depending on the frame type)													
Pillows													
Dressers													
Comforters													
Nightstand													
Bedside lamps													
Mirror													
Clocks/Decorative													
Artwork													

Property Address:

Bathroom #1													
Shower Curtain													
Small Trash													
Toilet Brush													
Plunger													
Shelves													
Bathroom #2													
Shower Curtain													
Small Trash													
Toilet Brush													
Plunger													
Shelves													
Bathroom #3													
Shower Curtain													
Small Trash													
Toilet Brush													
Plunger													
Shelves													
Bathroom #4													
Shower Curtain													
Small Trash													
Toilet Brush													
Plunger													
Shelves													
Other													
Mop													
Broom/dustpan													
Vacuum Cleaner													

Tenant Initials (_____) (_____)   Landlord Initials (_____) (_____)

Property Address:

This section to be completed at Move-in: Receipt of a copy of this form is acknowledged by

Tenant: Date:

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:

Tenant: Date:

Landlord: Date:

Landlord: Date:

Tenant Initials (_____) (_____)   Landlord Initials (_____) (_____)

Property Address:

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