

WALK THROUGH – CHECK LIST

UNIT No \_\_\_\_\_ BUILDING NAME: \_\_\_\_\_

TENANT(s) \_\_\_\_\_

POSSESSION: DAY \_\_\_\_\_ MONTH \_\_\_\_\_ YEAR \_\_\_\_\_

APPLIANCES:

STOVE/ GLASS \_\_\_\_\_ OVEN \_\_\_\_\_

MICROWAVE \_\_\_\_\_ DISHWASHER \_\_\_\_\_

REFRIGERATOR/FREEZER \_\_\_\_\_ INTERCOM \_\_\_\_\_

WASHER \_\_\_\_\_ DRYER \_\_\_\_\_ GARB. DISPOSAL \_\_\_\_\_

WALLS (SCRATCHES/REPAINT) \_\_\_\_\_

PAINT \_\_\_\_\_

FLOORS-RUGS/ TILE/MARBLE/WOOD \_\_\_\_\_

DOORS & GLASS \_\_\_\_\_

WINDOWS & GLASS \_\_\_\_\_

BLINDS/VERTICALS \_\_\_\_\_

CLOSETS/SHELVES \_\_\_\_\_

LIGHT/FIXTURES \_\_\_\_\_

BATHROOMS \_\_\_\_\_

SHOWER DOORS \_\_\_\_\_

KITCHEN & BATH COUNTERTOPS \_\_\_\_\_

OTHER \_\_\_\_\_

OTHER \_\_\_\_\_

By signing below you attest that the unit has been personally inspected by you, the Tenant and understand that in order to receive a full refund of your security deposit, unit must be returned freshly painted in white and professionally cleaned. In the unlikely event you fail to pay rent for two consecutive months, you hereby grant owner, broker, or any third party owner representative to report this default to any and all credit bureaus.

TENANT: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

TENANT: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Realtor/Witness \_\_\_\_\_ Realtor/Witness \_\_\_\_\_