



American Realty
Property Management

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Unit Condition Form

INVENTORY CHECKLIST FOR [Prospect.Unit.Address.Street1()]

YOU SHOULD COMPLETE THIS CHECKLIST, NOTING THE CONDITION OF THE RENTAL PROPERTY, AND RETURN IT TO THE LANDLORD WITHIN 7 DAYS AFTER OBTAINING POSSESSION OF THE RENTAL UNIT. YOU ARE ALSO ENTITLED TO REQUEST AND RECEIVE A COPY OF THE LAST TERMINATION INVENTORY CHECKLIST WHICH SHOWS WHAT CLAIMS WERE CHARGEABLE TO THE LAST PRIOR TENANTS.

Labeling Room: All bedrooms on the main floor are 1-1, 1-2, 1-3, etc. left to right. All bedrooms on the second floor are 2-1, 2-2, 2-3, etc. left to right. All bedrooms on the basement/lower-level are 0-1, 0-2, 0-3, etc. left to right. "Left to Right" means follow the wall to the left and the first bedroom you run into is 1, the second is 2, etc. When notating damage on a wall, please indicate the cardinal direction of the wall (N, S, E, & W).

Examples of Recorded Damage:

- Living room - Nail holes in west wall.
- Bedroom 1-1 - missing window screen in west window
- Bedroom 2-2 - pulled paint on North and West wall

Beginning Condition

Living Room

Door (Including locks)	_____
Windows (Screens)	_____
Carpet or Floor	_____
Walls	_____
Ceilings	_____
Lights (bulbs) & Switches	_____
Other	_____

Living Room

Door (Including locks)	_____
Windows (Screens)	_____
Carpet or Floor	_____
Walls	_____
Ceilings	_____
Lights (bulbs) & Switches	_____
Other	_____

Dining Room

Windows (Screens)	_____
Carpet or Floor	_____
Walls	_____
Ceiling	_____
Lights (bulbs) & Switches	_____
Other	_____

Hallway

Floor _____
Walls _____
Ceiling _____
Other _____
Lights (bulbs) & Switches _____

Hallway

Floor _____
Walls _____
Ceiling _____
Other _____
Lights (bulbs) & Switches _____

Kitchen

Windows (Screens) _____
Floor _____
Walls _____
Ceiling _____
Lights (bulbs) & Switches _____
Stove _____
Refrigerator _____
Sink _____
Cabinets & Counter _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bedroom

Door _____
Windows (Screens) _____
Carpet or Floor _____
Walls _____
Ceiling _____
Lights & Switches _____
Closet _____
Other _____

Bathroom

Door _____
Windows (Screens) _____
Floor _____
Walls _____
Ceiling _____
Sink _____
Tub &/or Shower _____
Toilet _____
Cabinet/Shelves _____
Closet _____
Towel Bar _____
Lights & Switches _____

Bathroom

- Door _____
- Windows (Screens) _____
- Floor _____
- Walls _____
- Ceiling _____
- Sink _____
- Tub &/or Shower _____
- Toilet _____
- Cabinet/Shelves _____
- Closet _____
- Towel Bar _____
- Lights & Switches _____

Bathroom

- Door _____
- Windows (Screens) _____
- Floor _____
- Walls _____
- Ceiling _____
- Sink _____
- Tub &/or Shower _____
- Toilet _____
- Cabinet/Shelves _____
- Closet _____
- Towel Bar _____
- Lights & Switches _____

Other

- Exterior _____
- Lawn _____
- Landscaping _____
- Siding _____
- Driveway _____
- Walkways _____
- Mailbox _____
- Garage _____
- Doors _____
- Windows (Screens) _____

Other:

Tenants: Print, Sign, & Date _____

Address of Unit: _____

Signature of Landlord: _____