

# Inventory Checklist

Name(s): \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

	Move In	Move Out		Move In	Move Out
<b>Living Room</b>			<b>Bathroom(s)</b>		
Floor & Floor Covering			Floor & Floor Covering		
Drapes			Walls & Ceilings		
Walls & Ceilings			Light Fixtures		
Light Fixtures			Other		
Windows, Screens & Doors			<b>Bedroom(s)</b>		
Other			Floor & Floor Covering		
<b>Kitchen</b>			Walls & Ceilings		
Floor Covering			Light Fixtures		
Cupboards			Windows, Screens & Doors		
Stove & Refrigerator			Other		
Dishwasher			<b>Other Areas</b>		
Disposal			Floor & Floor Covering		
Sink & Plumbing			Walls & Ceilings		
Light Fixtures			Windows, Screens & Doors		
Other			Furnace/Heater		
<b>Dining Area</b>			Air Conditioning		
Floor & Floor covering			Lawn/Ground Covering		
Walls & Ceiling			Patio, Terrace, Deck, etc.		
Light Fixtures			Garage		
Windows, Screens, Doors			<b>Other:</b>		
Other			Fire Extinguisher		

# Inventory Checklist

			Smoke Detector		
			Carbon Monoxide Detector		
			_____ Set of keys		
			Garbage		

Inventory Checklist filled out on moving in on:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident \_\_\_\_\_

Landlord \_\_\_\_\_

Inventory Checklist filled out on moving out on:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Resident \_\_\_\_\_

Landlord \_\_\_\_\_

**IMPORTANT NOTICE:** Please notify us to immediately of any defects in and around your dwelling unit. We will make necessary repairs as soon as possible. This is not to be used as a request for repairs. Failure to return to [leasing@kasaproperties.com](mailto:leasing@kasaproperties.com) within 4 days of move-in will result in an assumption that the space was received in perfect condition.

**GARBAGE NOTICE:** move-in/out garbage must be thrown away. Please do not leave the garbage in hallways, in the garage, or in front of the building. Thank you

***Please see the next page if there are any maintenance issues you would like fixed***

# Inventory Checklist

**Please list any maintenance issues you would like fixed below (you may add more if needed):**

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

**For office use only:**

**Move out deductions:**

Living Room

Kitchen

Dining Area

Bathrooms

Bedrooms

Other Areas

**Total:**