



Landlord Name: _____

Tenant Name: _____

Rental Address: _____ Apt No.: _____

Landlord / Tenant Checklist

___ Overall unit is in good repair, safe and sanitary

___ Interior walls are free of holes and deterioration

___ Room ceilings are free of holes, deterioration and major water damage

___ Heating system is operational

___ Sinks all have hot and cold running water

___ Shower/baths all have hot and cold running water

___ Approved trash receptacles are present and sanitary

___ Outlet covers are present on all outlets

___ Smoke detectors are in place and operational (with batteries)

___ Carbon Monoxide detectors are in place and operational (with batteries)

___ No blockage of exits and emergency escapes

Have appliances been provided? _____

Are appliances all in working order and in good repair? _____

Landlord Signature

Date

Tenant Signature

Date