



IUPUI
OFFICE OF STUDENT
ADVOCACY AND SUPPORT

Damage Checklist (Tenant's Copy)

Feel free to print this out for your own use. If your landlord has their own checklist we suggest you use it

Address _____ Apt. _____
Tenants _____
Landlord _____ Telephone _____

Tenants: Fill out this form carefully. It will help protect your security deposit. Carefully note the exact condition of each item; be descriptive. Append as many sheets as necessary to fully inventory the apartment. Take photos, take your time...it's your money.

- Make a copy of checklist for yourself and your landlord/manager.
- Return a copy to your landlord within a week of moving in or when your lease states that it is due.
- Keep a copy handy as you will want to compare it with what you are charged for when you move out.
- Submit a request in writing to landlord for you to be present during final walk through, 7 days or more before moving out.
- Discuss any deductions and ask for a copy of the final walk through. You should receive an itemized deduction sheet and your remaining security deposit within 45 days.

Outside and Entrance

Sidewalk _____
Yard _____
Porch and Railings _____
Mailbox _____
Doorbell _____
Door _____
Door Glass _____
Door Lock _____
Keys _____
Door Screen _____
Door Storm _____
Light _____

Trash Can _____
Other:

Hallways And Stairways

Floor _____
Walls _____
Ceiling _____
Lights _____
Outlets _____
Windows _____
Screens _____
Storms _____
Other: _____

Living Room

Floor _____
Walls _____
Ceiling _____
Doors _____
Windows _____
Screens _____
Storms _____
Carpet _____
Curtains _____
Lights _____
Outlets _____

Furniture (list in full):

Dining Room

Floor _____
Walls _____
Ceiling _____
Doors _____
Windows _____
Screens _____
Storms _____
Carpet _____
Curtains _____
Lights _____
Outlets _____

Furniture (list in full):

Attach additional page for more bedrooms.

Kitchen

Floor_____
Walls_____
Ceiling_____
Refrigerator_____
Stove_____
Burners_____
Exhaust Fan_____
Cabinets_____
Counters_____
Curtains_____
Lights_____
Sink_____
Outlets_____
Windows_____
Screens_____
Storm_____
Furniture (list in full):
Other:

Bathroom

Floor_____
Walls_____
Ceiling_____
Bathtub_____
Shower_____
Sink_____
Toilet_____
Mirror_____
Lights_____
Curtains_____
Towel racks_____
Cabinets_____
Door_____
Windows_____
Screens_____
Storm_____
Outlets_____
Other:

Bedroom

Floor_____
Walls_____
Ceiling_____
Doors_____
Carpet_____
Curtains_____
Mirror_____
Bed_____
Frame_____
Box Spring_____
Mattress_____
Closet_____
Windows_____
Screens_____
Storms_____
Outlets_____
Lights_____
Furniture (list in full):

Bedroom

Floor_____
Walls_____
Ceiling_____
Doors_____
Carpet_____
Curtains_____
Mirror_____
Bed_____
Frame_____
Box Spring_____
Mattress_____
Closet_____
Windows_____
Screens_____
Storms_____
Outlets_____
Lights_____
Furniture (list in full):

Supplementary Documentation

Photos
Witnesses_____
Notary_____
Landlord_____
Tenant_____

Date_____
Date_____
Date_____
Date_____