

Tenant-Cleaning Form

Moving Out: You are required to be out of your apartment by 11:00 a.m. on the last day of your lease. PLEASE COMPLETE THIS FORM AND LEAVE ON COUNTER. List all damages and items that need repair.

ADDRESS: _____ **Apt #:** _____

TENANTS: _____

<u>KITCHEN</u>	Notes	<u>BATHROOM</u>	Notes
Stove Top/Behind Knobs		Cabinets	
Hood Fan/Drawer		Toilet -Bowl/Lid/Seat/Base	
Floor Under Stove		Sweep/Mop Floors	
Drip Pans -Clean or Replace		Tile/Caulk	
Oven/Door/Racks		Towel Racks	
Refrigerator/Freezer: Inside		Sink/Faucets	
Outside		Countertops	
Behind		Mirror	
Underneath		Sink Cabinet -Interior/Exterior	
Dishwasher -Interior/Exterior		Shower -Walls/Top Edge/Spout	
Cutting Board		Bathtub -Faucet	
Sink/Strainers/Faucets		Walls/Ceilings	
Cupboards: Inside/Outside/Top		Exhaust Fan Cover	
Walls/Ceiling		Light Fixture/Bulbs	
Light Fixtures/Bulbs			
Countertops		<u>BEDROOM(1)</u>	Notes
Sweep/Mop Floors		Vacuum -Carpet/Edges/Closet	
		Walls/Ceiling	
<u>DINING ROOM</u>	Notes	Windows/Ledges	
Sweep/Mop Floors		Blinds	
Door		Light Fixtures/Bulbs	
Walls/Ceiling		Ceiling Fan/Blades	
Light Fixtures/Bulbs		Closet Shelves/Doors	
Windows/Ledges			
Security Phone		<u>BEDROOM(2)</u>	Notes
		Vacuum -Carpet/Edges/Closet	
<u>LIVING ROOM</u>	Notes	Walls/Ceiling	
Vacuum -Carpet/Hallway/Edges		Windows/Ledges	
Doors		Blinds	
Walls/Ceiling		Light Fixtures/Bulbs	
Light Fixtures/Bulbs		Ceiling Fan/Blades	
Windows/Ledges		Closet Shelves/Doors	
Blinds			
A/C Filter/Vents		<u>LAUNDRY</u>	
A/C Cover accounted for		Floor/Walls/Shelves	
Patio Door Track		Dryer -Inside/Outside/Vent	
		Washer -Inside/Outside	

KEYS: Security Door _____ Apartment Door _____ Mail _____ Garage Key _____ Remote _____

CARPETS: Must be Professionally Cleaned. Please receipt/bill on counter. _____

DOORS/TRIM: Must be washed and free of dust. _____

HEAT REGISTERS: Must be washed and free of dust. _____

GARAGE: Must be emptied, swept and nails removed. _____

SATELLITE DISH: Must be removed. _____

SMOKE DETECTORS/FIRE ALARMS/LIGHT & OUTLET COVERS FREE OF DUST? _____

Tenant's Signature Date

Tenant's Forwarding Address and Phone #

<u>BATHROOM (2)</u>	Notes
Cabinets	
Toilet -Bowl/Lid/Seat/Base	
Sweep/Mop Floors	
Tile/Caulk	
Towel Racks	
Sink/Faucets	
Countertops	
Mirror	
Sink Cabinet -Interior/Exterior	
Shower -Walls/Top Edge/Spout	
Bathtub -Faucet	
Walls/Ceilings	
Exhaust Fan Cover	
Light Fixture/Bulbs	
<u>BEDROOM(3)</u>	Notes
Vacuum -Carpet/Edges/Closet	
Walls/Ceiling	
Windows/Ledges	
Blinds	
Light Fixtures/Bulbs	
Ceiling Fan/Blades	
Closet Shelves/Doors	