



Inventory Checklist and Receipt

To determine if there is any damage to a home after tenancy, use this form before you or your tenant/buyer take possession.

Phone: 218-766-5477
7057 Bittern Rd NE Bemidji, MN 56601
www.loryproperties.com



RECEIPT FOR INVENTORY CHECKLIST AND LEASE

The tenant acknowledges receipt of two inventory checklist forms and a signed copy of the lease for the premises located at _____
_____. If one completed checklist is not returned to the landlord within 7 days after obtaining possession of the rental unit, the landlord and the tenant may assume that no real or personal property on the premises is damaged or flawed in any respect.

Signed:

Tenant Date

Landlord Date

Tenant Date

Landlord Date

Witness Date



INVENTORY CHECKLIST FORM

Tenant's Name: _____ Move-In Date: _____

Property Address: _____ Move-Out Date: _____

Date and Number of Keys/Openers Delivered to Resident: _____

MASTER BEDROOM	BATHROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Windows	Light Fixture
Screens	Sink
Window Covering	Toilet
Light Fixture	Tub/Shower
	Medicine Cabinet
BEDROOM	Window
Walls/Ceiling	Window Covering
Floors	Exhaust Fan
Windows	Towel Racks
Screens	
Window Covering	BATHROOM
Light Fixture	Walls/Ceilings
	Floors
BEDROOM	Light Fixture
Walls/Ceiling	Sink
Floors	Toilet
Windows	Tub/Shower
Screens	Medicine Cabinet
Window Covering	Window
Light Fixture	Window Covering
	Exhaust Fan
BEDROOM	Towel Racks
Walls/Ceiling	
Floors	OTHER _____
Windows	
Screens	
Window Coverings	
Light Fixture	
LIVING ROOM	SERVICE EQUIPMENT
Walls/Ceiling	Air Conditioner
Floors	Furnace

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Light Fixture	
Windows	UTILITY AREA
Window Covering	Floors
Screens	Walls/Ceiling
Fire Place	Washer Dryer

DINING ROOM/AREA	GARAGE/STORAGE
Walls/Ceiling	Walls/Ceiling
Floors	Floors
Light Fixture	Light Fixture
Windows	Windows
Screens	Screens
Window Covering	

EXTERIOR	LAWN/LANDSCAPE
Walls	
Trim	

KITCHEN	MISCELLANEOUS
Walls/Ceiling	Door Opener
Floors	Keys
Windows	
Screens	
Window Covering	
Light Fixture	
Sink	
Cabinets	
Range & Oven	
Refrigerator	
Dishwasher	
Garbage Disposal	

Tenant has inspected the above premises prior to occupancy and accepts it subject to the conditions and/or exceptions noted above. Tenant agrees to deliver the premises in like condition upon termination of the tenancy, normal wear and tear excepted.

The undersigned acknowledges that the above is the condition of the Property on moving in. The undersigned acknowledges that the above is the condition of the Property on moving out.

 Tenant

 Tenant

 Witness

 Landlord

 Landlord

ITEMIZED CHARGE SUMMARY

Keys/Locks: Unit \$ _____ Entry \$ _____ Mailboxes \$ _____ Other \$ _____ **TOTAL \$ _____**
Cleaning: _____ Hours x \$ _____ Wage = \$ _____ ; Materials \$ _____ **TOTAL \$ _____**
 _____ Hours x \$ _____ Wage = \$ _____ ; Materials \$ _____ **TOTAL \$ _____**
 Carpet \$ _____ Drapes \$ _____ Other \$ _____ **TOTAL \$ _____**

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Painting: _____ Hours x \$ _____ Wage = \$ _____ ; Materials \$ _____ TOTAL \$ _____
_____ Hours x \$ _____ Wage = \$ _____ ; Materials \$ _____ TOTAL \$ _____
Unpaid Rent: Dates from _____ to _____ + Late Fee \$ _____ TOTAL \$ _____
Utility Bills: \$ _____ **Other:** \$ _____ TOTAL \$ _____

Note: Amounts followed by an "E" indicate estimated charges. All other amounts indicate actual charges. Attach copies of all itemized invoices, estimates and receipts to this report.

Tenant Forwarding Address: _____

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