

Welcome to Hunsinger Enterprises, your unit has been personally inspected and prepared for your arrival.

Address: _____ **Apt. #** _____ **Date:** _____

Furniture Inventory: How many & Condition-----

____ Sofa	OK	Problem _____
____ Living Room Chair	OK	Problem _____
____ Coffee Table	OK	Problem _____
____ Dining Table	OK	Problem _____
____ Dining Chairs	OK	Problem _____
____ Beds	OK	Problem _____
____ Dressers	OK	Problem _____
____ Desks	OK	Problem _____
____ Desk Chairs	OK	Problem _____

Other: _____

Condition of Walls: Holes, marks, stains:

Condition of Floors/Carpets; Stains, burns, holes:

Carpet Shampooed? _____Y _____N

Condition of Ceiling; Any Damage, hooks, marks?

Windows; Broken windows, missing storms, missing window locks:

Appliances/Fixtures:

Refrigerator	None	OK	Problem _____
Oven/Range	None	OK	Problem _____
Garbage Disposal	None	OK	Problem _____
Air Conditioner	None	OK	Problem _____
Kitchen Sink	None	OK	Problem _____
Kitchen Cabinets	None	OK	Problem _____
Bathroom Sink	None	OK	Problem _____
Toilet (s)	None	OK	Problem _____
Shower/Tub	None	OK	Problem _____

Other: _____

Attachments: List any tenant made attachments such as; mirrors, chain locks on doors, bookshelves, towel racks: _____

Light Fixture Covers; Broken or missing: _____

Light Bulbs Working: _____Y _____N _____No Power

Smoke Detectors: _____Y _____N Has Batteries: _____Y _____N
 _____120 Volt

Number of additional pages attached? _____

Signature of Hunsinger Enterprises, Inc:

Within 72 hours of the Lessee is first given access to the premises, Lessee agrees to inspect the premises and to furnish Lessor a list of all deficiencies to the premises furniture and fixtures.

 Tenant Signature _____ Date

 Landlord Receipt of Revised Report _____ Date