

# SAMPLE DAMAGE CHECKLIST

Carefully note the exact condition of each item, be descriptive, and use additional sheets if needed.

|  |  |   |   |
|--|--|---|---|
| <p><b>Outside/Entrance</b></p> <p><input type="checkbox"/> Sidewalk<br/> <input type="checkbox"/> Yard<br/> <input type="checkbox"/> Porch &amp; Railings<br/> <input type="checkbox"/> Mailbox<br/> <input type="checkbox"/> Doorbell<br/> <input type="checkbox"/> Door<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Door Glass<br/> <input type="checkbox"/> Door Lock<br/> <input type="checkbox"/> Door Screen<br/> <input type="checkbox"/> Storm Door<br/> <input type="checkbox"/> Keys<br/> <input type="checkbox"/> Light<br/> <input type="checkbox"/> Trash Can<br/> <input type="checkbox"/> Other:</p>  | <p><b>Hallways &amp; Stairways</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Other:</p>  | <p><b>Living Room</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Doors<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Carpet<br/> <input type="checkbox"/> Curtains<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Furniture (list all):</p>   | <p><b>Dining Room</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Doors<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Carpet<br/> <input type="checkbox"/> Curtains<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Furniture (list all):</p>   |
| <p><b>Kitchen</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Refrigerator<br/> <input type="checkbox"/> Stove<br/> <input type="checkbox"/> Burners<br/> <input type="checkbox"/> Exhaust Fan<br/> <input type="checkbox"/> Cabinets<br/> <input type="checkbox"/> Counters<br/> <input type="checkbox"/> Curtains<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Sink<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Furniture (list all)<br/> <input type="checkbox"/> Other:</p> | <p><b>Bathroom</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Bathtub<br/> <input type="checkbox"/> Shower<br/> <input type="checkbox"/> Sink<br/> <input type="checkbox"/> Toilet<br/> <input type="checkbox"/> Mirror<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Curtains<br/> <input type="checkbox"/> Towel racks<br/> <input type="checkbox"/> Cabinets<br/> <input type="checkbox"/> Door<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Other:</p> | <p><b>Bedroom</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Doors<br/> <input type="checkbox"/> Carpet<br/> <input type="checkbox"/> Curtains<br/> <input type="checkbox"/> Mirror<br/> <input type="checkbox"/> Bed<br/> <input type="checkbox"/> Frame<br/> <input type="checkbox"/> Box Spring<br/> <input type="checkbox"/> Mattress<br/> <input type="checkbox"/> Closet<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Furniture (list all):</p> | <p><b>Bedroom</b></p> <p><input type="checkbox"/> Floor<br/> <input type="checkbox"/> Walls<br/> <input type="checkbox"/> Ceiling<br/> <input type="checkbox"/> Doors<br/> <input type="checkbox"/> Carpet<br/> <input type="checkbox"/> Curtains<br/> <input type="checkbox"/> Mirror<br/> <input type="checkbox"/> Bed<br/> <input type="checkbox"/> Frame<br/> <input type="checkbox"/> Box Spring<br/> <input type="checkbox"/> Mattress<br/> <input type="checkbox"/> Closet<br/> <input type="checkbox"/> Windows<br/> <input type="checkbox"/> Screens<br/> <input type="checkbox"/> Storms<br/> <input type="checkbox"/> Outlets<br/> <input type="checkbox"/> Lights<br/> <input type="checkbox"/> Furniture (list all):</p> |
| <p><b>Additional Documentation:</b>      <input type="checkbox"/> Photographs Attached</p>   |  |   |   |
| <p>_____ Tenant Signature / Date</p>   |  |   |   |
| <p>_____ Landlord Signature / Date</p>   |  |   |   |