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|----------------|--|
| Client's Name: | |
| Property Name: | |
| Apartment #: | |
| Arrival Date: | |

| Description | EAI Quantity | Client Quantity | Comments/Notes |
|-------------------------------------------------------------|--------------|-----------------|----------------|
| MEDIA AREA | | | |
| Sofa or Loveseat | 1 | | |
| 1 End Table & 1 Table Lamp or Floor Lamp | 1 | | |
| Coffee Table (select units) | 1 | | |
| Desk, Desk Lamp | 1 | | |
| TV, 43" | 1 | | |
| Artwork | 1 | | |
| Cordless Phone | 1 | | |
| Cable Basic Digital, Wireless Internet, Local Phone Service | 1 | | |
| Smoke Detector w/Batteries | 1 | | |
| Flooring (Carpet, Hardwood, Tile) | x | | |
| Windows, Blinds | x | | |
| Light Fixtures/Bulbs | x | | |
| Walls/Doors/Paint | x | | |

| DINING AREA | | | |
|-----------------------------------|---|--|--|
| Table | 1 | | |
| Chair | 2 | | |
| Flooring (Carpet, Hardwood, Tile) | x | | |
| Window, Blinds (if applicable) | x | | |
| Light Fixtures/Bulbs | x | | |
| Walls/Doors/Paint | x | | |

| SMALL WARES | | | |
|-------------------------------------|---|--|--|
| Silverware Set (Knife, Fork, Spoon) | 4 | | |
| Four Piece Dinnerware Set | 4 | | |
| Glasses: 4 Large, 4 Small | 8 | | |
| Wine Glasses | 4 | | |

| STARTER KIT | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|--|
| 2 Toilet Paper; 1 Paper Towel; 1 Bath Soap, Facial/Hand Soap, Shampoo, Conditioner, Lotion; 1 Sponge, Dish Soap, Laundry Soap; 3 Dishwasher Detergent; 2 Coffee, 2 Tea, 4 Sugar, 4 Creamer, 4 Artificial Sugar | x | | |
| Washer/Dryer Set (Empty & Clean) | x | | |

| Description | EAI Quantity | Client Quantity | Comments/Notes |
|----------------------------------------------------|--------------|-----------------|----------------|
| KITCHEN | | | |
| Cookware 7 Piece Set (lids are counted) | 1 | | |
| Four Piece Cooking Set (Hamburger Turner, Slotted) | 1 | | |
| Non-Stick Frying Pan (min 8") | 1 | | |
| Microwave | 1 | | |
| Toaster | 1 | | |
| Coffee Maker | 1 | | |
| Silverware Tray | 1 | | |
| Paper Towel Holder | 1 | | |
| Four Piece Set Measuring Spoons | 1 | | |
| Four Piece Set Measuring Cups | 1 | | |
| Liquid Measuring Cup - Glass or Plastic | 1 | | |
| Knife Set | 1 | | |
| Cutting Board | 1 | | |
| Cookie Sheet | 1 | | |
| Manual Can Opener | 1 | | |
| Trash Can w/Liner | 1 | | |
| Pot Holders | 2 | | |
| Dish Towels | 2 | | |
| Salt/Pepper Set | 1 | | |
| Rubber Spatula | 1 | | |
| Pitcher | 1 | | |
| Pyrex Set: 2 Pieces | 1 | | |
| Cork Screw | 1 | | |
| Vegetable Peeler | 1 | | |
| Colander | 1 | | |
| Three Piece Set: Storage Container w/Lids | 1 | | |
| Safe (in kitchen or desk) | 1 | | |
| Flooring (Carpet, Hardwood, Tile) | x | | |
| Light Fixtures/Bulbs | x | | |
| Walls/Doors/Paint | x | | |

| CLEAN PACK (Limit 1) | | | |
|----------------------------------------|---|--|--|
| Ironing Board with Cover & Iron | 1 | | |
| Broom & Dust Pan; Mop & Bucket; Vacuum | 1 | | |
| 2 Extra Light Bulbs (in closet) | 2 | | |

| Description | EAI Quantity | Client Quantity | Comments/Notes |
|------------------------------------------------------|--------------|-----------------|----------------|
| SLEEPING AREA | | | |
| Full or Queen Bed: Headboard, Mattress, & Box Spring | 1 | | |
| Nightstands | 1 | | |
| Table Lamps | 1 | | |
| Dresser or Chest | 1 | | |
| Artwork or Mirror | 1 | | |
| Comforter/Duvet | 1 | | |
| Mattress Pad | 1 | | |
| Fitted Sheet | 2 | | |
| Flat Sheet | 2 | | |
| Blanket | 1 | | |
| Pillow | 4 | | |
| Pillow Cases (shams count) | 8 | | |
| Hanger | 15 | | |
| Alarm Clock/Radio | 1 | | |
| Smoke Detector w/Batteries | 1 | | |
| Flooring (Carpet, Hardwood, Tile) | x | | |
| Windows, Blinds | x | | |
| Light Fixtures/Bulbs | x | | |
| Walls/Doors/Paint | x | | |

| Description | EAI Quantity | Client Quantity | Comments/Notes |
|-----------------------------------|--------------|-----------------|----------------|
| BATHROOM | | | |
| Bath Towel | 4 | | |
| Hand Towel | 4 | | |
| Washcloth | 4 | | |
| Bath Mat (cloth) | 1 | | |
| Shower Curtain (if required) | 1 | | |
| Trash Can w/Liner | 1 | | |
| Plunger | 1 | | |
| Toilet Bowl Brush | 1 | | |
| Hairdryer | 1 | | |
| Flooring (Carpet, Hardwood, Tile) | x | | |
| Light Fixtures/Bulbs | x | | |
| Walls/Doors/Paint | x | | |

Occupant has verified all items listed above are on hand and in

Signature: _____

Date: _____

This Apartment Inspection Form may be executed and delivered by electronic means. Upon delivery the electronic signature will be deemed to have the same effect as if the original signature had been delivered.