

APARTMENT CHECKLIST

It is in your best interest to request a walk through with your new landlord within 15 days of move in to document any pre-existing damages. It is also your right under Maryland Housing Law. Always keep a copy of this list with your lease. You should use this (or a similar form) to conduct the walk through with your landlord. Make sure you and the landlord sign the list and if necessary, give a copy to your landlord. Now that you've found an apartment that interests you, a thorough inspection of the property is recommended. This should be done with the property manager present. A written copy of this or any other document describing the condition of the property should be mailed to the property manager within 15 days of taking occupancy of the space. Make sure you keep a copy for later reference as well as include any photographs you send.

Maryland Code, Real Property, Section 8-203.1.

(a) A receipt for a security deposit shall notify the tenant of the following:

(1) The right to have the dwelling unit inspected by the landlord in the tenant's presence for the purpose of making a written list of damages that exist at the commencement of the tenancy if the tenant so requests by certified mail within 15 days of the tenant's occupancy;

Miscellaneous	Object	Present (Y/N)	Condition
	Air Conditioning		
	Heating/Thermostat		
	Smoke Detector		
	Main Door		
	Deadbolt Locks		
	Window Security Bars		
	Mailbox		
	Trash Disposal		
	Pests/Rodents		

Bedroom	Object	Present (Y/N)	Condition
	Windows		
	Screens/Blinds		
	Door		
	Walls		
	Ceiling		
	Floors/Carpeting		
	Lighting		
	Furniture		
	Electric Switches		
	Closets		

Dining Area	Object	Present (Y/N)	Condition
	Windows		
	Screens/Blinds		
	Door		
	Walls/Ceiling		
	Floors/Carpeting		
	Lighting		
	Furniture		
	Electric Switches		

Kitchen	Object	Present (Y/N)	Condition
	Stove		
	Sink/Plumbing		
	Refridgerator		
	Cabinets/Counters		
	Lighting		
	Dishwasher		
	Walls/Ceiling		
	Windows		
	Floors		
	Electric Switches		

Bathroom	Object	Present (Y/N)	Condition
	Shower/Bathtub		
	Sink/Plumbing		
	Shower Rod		
	Toilet		
	Toilet Paper Holder		
	Medicine Cabinet		
	Mirror		
	Lighting		
	Towel Rack		
	Floors		
	Door/Lock		
	Walls/Ceiling		
	Electric Switches		

Living Room	Object	Present (Y/N)	Condition
	Windows		
	Screens/Blinds		
	Door		
	Walls/Ceiling		
	Floors/Carpeting		
	Lighting		
	Furniture		
	Electric Switches		

I certify that all information is true to the best of my knowledge. I have included photos of any major damage (if possible).

Tenant *Date*

Tenant *Date*

Landlord *Date*