



100 Main Street, Suite 100  
Dover, NH 03820  
Phone: (603) 750-7501  
Fax: (603) 750-7502

**ADDENDUM B TO RESIDENTIAL LEASE/RENTAL AGREEMENT  
APARTMENT INSPECTION REPORT**

Each apartment and all appliances are thoroughly clean when a resident moves in. In order for a full refund of your security deposit, the apartment must be in the same condition when you leave and it is your responsibility to clean it thoroughly. Any exceptions must be noted on this report, as when you sign it, you are accepting the apartment in the condition described below.

Property: \_\_\_\_\_ Unit #: \_\_\_\_\_  
 Tenant(s): \_\_\_\_\_ Date: \_\_\_\_\_

LOCATION	CONDITION UPON OCCUPANCY	CONDITION UPON VACANCY
<b>KITCHEN:</b>		
Light	_____	_____
Floor	_____	_____
Walls	_____	_____
Ceiling	_____	_____
Cabinets (Exterior)	_____	_____
Cabinets (Interior)	_____	_____
Counter	_____	_____
Drawers	_____	_____
Disposal	_____	_____
Sink	_____	_____
Dishwasher	_____	_____
Range (Oven)	_____	_____
Range (Racks)	_____	_____
Range (Burners)	_____	_____
Range Hood	_____	_____
Broiler Pan	_____	_____
Refrigerator (Out)	_____	_____
Refrigerator (In)	_____	_____
2 Ice Cube Trays	_____	_____
Window/Screen/Storm	_____	_____
<b>LIVING ROOM:</b>		
Carpet/Floor	_____	_____
Walls	_____	_____
Ceiling	_____	_____
Window/Screen/Storm	_____	_____
Curtain Rod	_____	_____
Window Shade	_____	_____
Sliding Door	_____	_____
Ceiling Fan	_____	_____

**APARTMENT INSPECTION REPORT – cont'd**

**BEDROOM #1:**

Carpet/Floor \_\_\_\_\_  
Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Closets \_\_\_\_\_  
Window/Screen/Storm \_\_\_\_\_  
Door \_\_\_\_\_  
Curtain Rod \_\_\_\_\_  
Shades \_\_\_\_\_

**BEDROOM #2:**

Carpet/Floor \_\_\_\_\_  
Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Closets \_\_\_\_\_  
Window/Screen/Storm \_\_\_\_\_  
Door \_\_\_\_\_  
Curtain Rod \_\_\_\_\_  
Shades \_\_\_\_\_

**BEDROOM #3:**

Carpet/Floor \_\_\_\_\_  
Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Closets \_\_\_\_\_  
Window/Screen/Storm \_\_\_\_\_  
Door \_\_\_\_\_  
Curtain Rod \_\_\_\_\_  
Shades \_\_\_\_\_

**BATHROOM:**

Floor \_\_\_\_\_  
Walls \_\_\_\_\_  
Ceiling \_\_\_\_\_  
Vanity \_\_\_\_\_  
Sink \_\_\_\_\_  
Toilet \_\_\_\_\_  
Tub \_\_\_\_\_  
Fan \_\_\_\_\_  
Light \_\_\_\_\_  
Medicine Cabinet \_\_\_\_\_  
Towel Bars \_\_\_\_\_

**MISC.:**

Keys \_\_\_\_\_  
Unit Painted \_\_\_\_\_  
Air Conditioning \_\_\_\_\_  
Thermostats \_\_\_\_\_  
Carpet Cleaned \_\_\_\_\_  
Door Bells \_\_\_\_\_  
All Doors (Include Entry) \_\_\_\_\_  
General Cleanliness \_\_\_\_\_

**APARTMENT INSPECTION REPORT – cont'd**

**COMMENTS:**

**ANY ADDITIONAL CHANGES MUST BE REPORTED WITHIN 5 DAYS OF THIS REPORT.**

I have read and agree with the above information.

Lessee: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

Lessor: \_\_\_\_\_ Date: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

