

# FURNITURE INVENTORY

Date: \_\_\_ / \_\_\_ / 20\_\_\_

Property Address: \_\_\_\_\_

Tenant Name: \_\_\_\_\_

Inspector: \_\_\_\_\_

Type:  Move-in  Move-out  Annual

ROOM / ITEM DESCRIPTION	QTY	CONDITION (NEW/FAIR/POOR)	OK	NOTES / DAMAGE
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## LIVING ROOM

Sofa / Couch

Coffee Table

TV Stand / Console

## BEDROOM 1

Bed Frame (Size: \_\_\_\_\_)

Mattress & Protector

Nightstand

## DINING AREA

Dining Table

Chairs

ROOM / ITEM DESCRIPTION	QTY	CONDITION (NEW/FAIR/POOR)	OK	NOTES / DAMAGE
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**MISCELLANEOUS**

Floor Lamp

Window Treatments

Landlord Signature

Tenant Signature