

FURNITURE INVENTORY

Seasonal Rental Property Audit

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Property ID: _____

Inspector: _____

Date: ____ / ____ / 20____

ITEM DESCRIPTION	QTY	CONDITION	NOTES / MAINTENANCE REQUIRED
LIVING AREA			
Sofa / Sectional		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Coffee Table		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Armchair		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
PRIMARY BEDROOM			
King/Queen Bed Frame		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Nightstand		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Dresser / Chest		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	

ITEM DESCRIPTION	QTY	CONDITION	NOTES / MAINTENANCE REQUIRED
DINING & KITCHEN			
Dining Table		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Dining Chairs		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Bar Stools		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
OUTDOOR / PATIO			
Patio Table		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	
Outdoor Seating		<input type="checkbox"/> S <input type="checkbox"/> F <input type="checkbox"/> P	

Condition Key: S = Satisfactory | F = Fair (Wear visible) | P = Poor (Action required)

Authorized Signature: _____ Review Date: _____
