

# FURNITURE INVENTORY CHART

Move-In Date: \_\_\_\_\_

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

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

ROOM	ITEM DESCRIPTION	CONDITION / EXISTING DAMAGE	EST. VALUE
Living Room	Sofa / Couch		
	Coffee Table		
	TV Stand		
Bedroom 1	Bed Frame / Mattress		
	Nightstand		
	Dresser		
Dining Area	Dining Table		
	Chairs (Qty: ____)		

**ROOM**

**ITEM DESCRIPTION**

**CONDITION / EXISTING DAMAGE**

**EST. VALUE**

LANDLORD / AGENT SIGNATURE

TENANT SIGNATURE