

IVY INVESTMENT CLEANING CHECKLIST

Building _____

APT # _____

Items that need cleaning or re-cleaning

Bed A Bed B Bed C Bed D Livingroom Kitchen Main bath Toilet room
Tenant name: Tenant name: Tenant name: Tenant name:

<input type="checkbox"/> light bulbs <input type="checkbox"/> light shade <input type="checkbox"/> windows <input type="checkbox"/> blinds <input type="checkbox"/> registers <input type="checkbox"/> carpet vac <input type="checkbox"/> woodwork <input type="checkbox"/> baseboard <input type="checkbox"/> wall plates <input type="checkbox"/> walls <input type="checkbox"/> ceiling <input type="checkbox"/> closet <input type="checkbox"/> window ledge	<input type="checkbox"/> light bulbs <input type="checkbox"/> light shade <input type="checkbox"/> windows <input type="checkbox"/> blinds <input type="checkbox"/> registers <input type="checkbox"/> carpet vac <input type="checkbox"/> woodwork <input type="checkbox"/> baseboard <input type="checkbox"/> wall plates <input type="checkbox"/> walls <input type="checkbox"/> ceiling <input type="checkbox"/> closet <input type="checkbox"/> window ledge	<input type="checkbox"/> light bulbs <input type="checkbox"/> light shade <input type="checkbox"/> windows <input type="checkbox"/> blinds <input type="checkbox"/> registers <input type="checkbox"/> carpet vac <input type="checkbox"/> woodwork <input type="checkbox"/> baseboard <input type="checkbox"/> wall plates <input type="checkbox"/> walls <input type="checkbox"/> ceiling <input type="checkbox"/> closet <input type="checkbox"/> window ledge	<input type="checkbox"/> light bulbs <input type="checkbox"/> light shade <input type="checkbox"/> windows <input type="checkbox"/> blinds <input type="checkbox"/> registers <input type="checkbox"/> carpet vac <input type="checkbox"/> woodwork <input type="checkbox"/> baseboard <input type="checkbox"/> wall plates <input type="checkbox"/> walls <input type="checkbox"/> ceiling <input type="checkbox"/> closet <input type="checkbox"/> window ledge	<input type="checkbox"/> light bulbs <input type="checkbox"/> entry light <input type="checkbox"/> dining light <input type="checkbox"/> windows <input type="checkbox"/> blinds <input type="checkbox"/> registers <input type="checkbox"/> carpet vac <input type="checkbox"/> woodwork <input type="checkbox"/> baseboard <input type="checkbox"/> wall plates <input type="checkbox"/> walls <input type="checkbox"/> ceiling <input type="checkbox"/> closet shelves <input type="checkbox"/> AC unit <input type="checkbox"/> hall carpet <input type="checkbox"/> hall walls <input type="checkbox"/> hall lights <input type="checkbox"/> hall woodwork <input type="checkbox"/> window ledge <input type="checkbox"/> hall registers	<input type="checkbox"/> light bulbs <input type="checkbox"/> inside oven <input type="checkbox"/> stove top <input type="checkbox"/> oven door in <input type="checkbox"/> oven door out <input type="checkbox"/> oven racks <input type="checkbox"/> range hood <input type="checkbox"/> cupboard doors <input type="checkbox"/> cupboard shelves <input type="checkbox"/> Fridge <input type="checkbox"/> Fridge door <input type="checkbox"/> Fridge drawers <input type="checkbox"/> under fridge <input type="checkbox"/> top of fridge <input type="checkbox"/> ice cube trays <input type="checkbox"/> freezer <input type="checkbox"/> dishwasher <input type="checkbox"/> sink <input type="checkbox"/> kit floor <input type="checkbox"/> microwave <input type="checkbox"/> under sink <input type="checkbox"/> countertops <input type="checkbox"/> kit light	<input type="checkbox"/> light bulbs <input type="checkbox"/> sink <input type="checkbox"/> counter top <input type="checkbox"/> floor <input type="checkbox"/> baseboards <input type="checkbox"/> shower walls <input type="checkbox"/> shower floor <input type="checkbox"/> mirror <input type="checkbox"/> light <input type="checkbox"/> under sink <input type="checkbox"/> walls <input type="checkbox"/> cpbd drawers <input type="checkbox"/> cpbd shelves <input type="checkbox"/> med cabinets <input type="checkbox"/> inside dishwasher	<input type="checkbox"/> light bulbs <input type="checkbox"/> Inside toilet <input type="checkbox"/> outside toilet <input type="checkbox"/> floor <input type="checkbox"/> baseboards <input type="checkbox"/> tub floor <input type="checkbox"/> tub walls <input type="checkbox"/> light <input type="checkbox"/> walls
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<p><u>KEYS IN</u></p> <input type="checkbox"/> 4 Entry Keys <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> Mail	<p><u>Envelope:</u></p> <input type="checkbox"/> Bedroom 1 <input type="checkbox"/> Bedroom 2 <input type="checkbox"/> Bedroom 3 <input type="checkbox"/> Bedroom 4
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Items that need to be repaired or replaced

Common area

<input type="checkbox"/>	Apt. door
<input type="checkbox"/>	dining light
<input type="checkbox"/>	closet doors
<input type="checkbox"/>	kit light
<input type="checkbox"/>	sink light
<input type="checkbox"/>	AC cover
<input type="checkbox"/>	living screen
<input type="checkbox"/>	living blinds
<input type="checkbox"/>	over racks
<input type="checkbox"/>	oven handle
<input type="checkbox"/>	oven liner
<input type="checkbox"/>	stove knobs
<input type="checkbox"/>	small drip pans
<input type="checkbox"/>	big drip pans
<input type="checkbox"/>	Sink strainer
<input type="checkbox"/>	cupboard knob
<input type="checkbox"/>	Fridge handle
<input type="checkbox"/>	Fridge drawers
<input type="checkbox"/>	Fridge bulb
<input type="checkbox"/>	wall plates
<input type="checkbox"/>	ice trays =2
<input type="checkbox"/>	countertops
<input type="checkbox"/>	dishwasher
<input type="checkbox"/>	kit floor
<input type="checkbox"/>	dining floor
<input type="checkbox"/>	door viewer
<input type="checkbox"/>	living carpet
<input type="checkbox"/>	living lights
<input type="checkbox"/>	living plates
<input type="checkbox"/>	living walls

Main Bath

<input type="checkbox"/>	toilet seat
<input type="checkbox"/>	light
<input type="checkbox"/>	bulbs
<input type="checkbox"/>	fan
<input type="checkbox"/>	door
<input type="checkbox"/>	faucet
<input type="checkbox"/>	shower
<input type="checkbox"/>	mirror
<input type="checkbox"/>	heat vents
<input type="checkbox"/>	countertops
<input type="checkbox"/>	flooring

Toilet room

<input type="checkbox"/>	toilet seat
<input type="checkbox"/>	light
<input type="checkbox"/>	bulbs
<input type="checkbox"/>	fan
<input type="checkbox"/>	door
<input type="checkbox"/>	faucet
<input type="checkbox"/>	shower
<input type="checkbox"/>	mirror
<input type="checkbox"/>	heat vents
<input type="checkbox"/>	countertops
<input type="checkbox"/>	flooring

Hallway

<input type="checkbox"/>	Walls
<input type="checkbox"/>	smoke detector
<input type="checkbox"/>	lights / bulbs

Bed A

<input type="checkbox"/>	light / bulbs
<input type="checkbox"/>	windows
<input type="checkbox"/>	blinds
<input type="checkbox"/>	screen
<input type="checkbox"/>	room door
<input type="checkbox"/>	closet door
<input type="checkbox"/>	outlets
<input type="checkbox"/>	wall plates
<input type="checkbox"/>	switches
<input type="checkbox"/>	woodwork
<input type="checkbox"/>	carpet
<input type="checkbox"/>	walls
<input type="checkbox"/>	ceiling
<input type="checkbox"/>	smoke detector
<input type="checkbox"/>	heat registers

Bed B

<input type="checkbox"/>	light / bulbs
<input type="checkbox"/>	windows
<input type="checkbox"/>	blinds
<input type="checkbox"/>	screen
<input type="checkbox"/>	room door
<input type="checkbox"/>	closet door
<input type="checkbox"/>	outlets
<input type="checkbox"/>	wall plates
<input type="checkbox"/>	switches
<input type="checkbox"/>	woodwork
<input type="checkbox"/>	carpet
<input type="checkbox"/>	walls
<input type="checkbox"/>	ceiling
<input type="checkbox"/>	smoke detector
<input type="checkbox"/>	heat registers

Bed C

<input type="checkbox"/>	light / bulbs
<input type="checkbox"/>	windows
<input type="checkbox"/>	blinds
<input type="checkbox"/>	screen
<input type="checkbox"/>	room door
<input type="checkbox"/>	closet door
<input type="checkbox"/>	outlets
<input type="checkbox"/>	wall plates
<input type="checkbox"/>	switches
<input type="checkbox"/>	woodwork
<input type="checkbox"/>	carpet
<input type="checkbox"/>	walls
<input type="checkbox"/>	ceiling
<input type="checkbox"/>	smoke detector
<input type="checkbox"/>	heat registers

Bed D

<input type="checkbox"/>	light / bulbs
<input type="checkbox"/>	windows
<input type="checkbox"/>	blinds
<input type="checkbox"/>	screen
<input type="checkbox"/>	room door
<input type="checkbox"/>	closet door
<input type="checkbox"/>	outlets
<input type="checkbox"/>	wall plates
<input type="checkbox"/>	switches
<input type="checkbox"/>	woodwork
<input type="checkbox"/>	carpet
<input type="checkbox"/>	walls
<input type="checkbox"/>	ceiling
<input type="checkbox"/>	smoke detector
<input type="checkbox"/>	heat registers

Resident Agreed to above information:

Signed _____

Signed _____

Checked out by _____

Tenants Out on time? Y N

Apt. OK'd by _____ Date _____

Carpet shampooed Y N by _____ Date _____

Ready for move in Yes / No

NOTES: