



BYD Apartment Inspection Form - 3 Bedroom Apartment

Client's Name:	
Property Name:	
Apartment #:	
Arrival Date:	

Description	BYD Quantity	Client Quantity	Comments/Notes
LIVING ROOM			
Sofa	1		
Chair or Loveseat	1		
1 End Table & 1 Floor Lamp or 2 End Tables & 2 Table Lamps	1		
Coffee Table	1		
Desk, Desk Chair, Desk Lamp	1		
TV, 32" or Larger Flat Screen	1		
TV Stand	1		
Blu-ray/DVD Player	1		
Artwork	1		
Cordless Phone	1		
Cable Basic Digital, Wireless Internet, Local Phone Service	1		
Smoke Detector w/Batteries	1		
Flooring (Carpet, Hardwood, Tile)	x		
Windows, Blinds	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

DINING ROOM			
Table	1		
Chair	4		
Artwork	1		
Flooring (Carpet, Hardwood, Tile)	x		
Window, Blinds (if applicable)	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

SMALL WARES			
Silverware Set (Knife, Fork, Spoon)	12		
Four Piece Dinnerware Set	12		
Glasses: 12 Large, 12 Small	24		
Wine Glasses	4		

STARTER KIT			
2 Toilet Paper; 1 Paper Towel; 1 Bath Soap, Facial/Hand Soap, Shampoo, Conditioner, Lotion; 1 Sponge, Dish Soap, Laundry Soap; 3 Dishwasher Detergent; 2 Coffee, 2 Tea, 4 Sugar, 4 Creamer, 4 Artificial Sugar	x		
Washer/Dryer Set (Empty & Clean)	x		

Description	BYD Quantity	Client Quantity	Comments/Notes
KITCHEN			
Cookware 7 Piece Set (lids are counted)	1		
Four Piece Cooking Set (Hamburger Turner, Slotted)	1		
Non-Stick Frying Pan (min 8")	1		
Microwave	1		
Toaster	1		
Coffee Maker	1		
Silverware Tray	1		
Paper Towel Holder	1		
Four Piece Set Measuring Spoons	1		
Four Piece Set Measuring Cups	1		
Liquid Measuring Cup - Glass or Plastic	1		
Knife Set	1		
Cutting Board	1		
Cookie Sheet	1		
Manual Can Opener	1		
Trash Can w/Liner	1		
Pot Holders	2		
Dish Towels	2		
Salt/Pepper Set	1		
Rubber Spatula	1		
Pitcher	1		
Pyrex Set: 2 Pieces	1		
Cork Screw	1		
Vegetable Peeler	1		
Colander	1		
Three Piece Set: Storage Container w/Lids	1		
Safe (in kitchen or desk)	1		
Flooring (Carpet, Hardwood, Tile)	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

CLEAN PACK (Limit 1)			
Ironing Board with Cover & Iron	x		
Broom & Dust Pan; Mop & Bucket; Vacuum	x		
2 Extra Light Bulbs (in closet)	x		



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Description	BYD Quantity	Client Quantity	Comments/Notes
MASTER BEDROOM			
Queen Bed: Headboard, Mattress, & Box Spring	1		
Nightstands	2		
Table Lamps	2		
Dresser w/Mirror	1		
Artwork	1		
Comforter/Duvet	1		
Mattress Pad	1		
Fitted Sheet	2		
Flat Sheet	2		
Blanket	1		
Pillow	4		
Pillow Cases (shams count)	8		
Cordless Phone	1		
Hanger	15		
Alarm Clock/Radio	1		
TV, 26" or Larger Flat Screen	1		
Smoke Detector w/Batteries	1		
Flooring (Carpet, Hardwood, Tile)	x		
Windows, Blinds	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

MASTER BATHROOM			
Bath Towel	4		
Hand Towel	4		
Washcloth	4		
Bath Mat (cloth)	1		
Shower Curtain (if required)	1		
Trash Can w/Liner	1		
Plunger	1		
Toilet Bowl Brush	1		
Hairdryer	1		
Flooring (Carpet, Hardwood, Tile)	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

Description	BYD Quantity	Client Quantity	Comments/Notes
2nd BEDROOM			
Queen Bed: Headboard, Mattress, & Box Spring	1		
Nightstands	1		
Table Lamps	1		
Chest	1		
Artwork	1		
Comforter/Duvet	1		
Mattress Pad	1		
Fitted Sheet	2		
Flat Sheet	2		
Blanket	1		
Pillow	4		
Pillow Cases (shams count)	8		
Cordless Phone	1		
Hanger	15		
Alarm Clock/Radio	1		
Smoke Detector w/Batteries	1		
Flooring (Carpet, Hardwood, Tile)	x		
Windows, Blinds	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

2nd BATHROOM			
Bath Towel	4		
Hand Towel	4		
Washcloth	4		
Bath Mat (cloth)	1		
Shower Curtain (if required)	1		
Trash Can w/Liner	1		
Plunger	1		
Toilet Bowl Brush	1		
Hairdryer	1		
Flooring (Carpet, Hardwood, Tile)	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		



EAI Apartment Inspection Form - 3 Bedroom Apartment

Description	EAI Quantity	Client Quantity	Comments/Notes
3rd BEDROOM			
Queen Bed: Headboard, Mattress, & Box Spring	1		
Nightstands	1		
Table Lamps	1		
Dresser w/Mirror	1		
Artwork	1		
Comforter/Duvet	1		
Mattress Pad	1		
Fitted Sheet	2		
Flat Sheet	2		
Blanket	1		
Pillow	4		
Pillow Cases (shams count)	8		

Cordless Phone	1		
Hanger	15		
Alarm Clock/Radio	1		
Smoke Detector w/Batteries	1		
Flooring (Carpet, Hardwood, Tile)	x		
Windows, Blinds	x		
Light Fixtures/Bulbs	x		
Walls/Doors/Paint	x		

Occupant has verified all items listed above are on hand and in good shape. Occupant is responsible for all items in the apartment and any damages to or within the apartment upon check out.

Signature: _____

Date: _____

This Apartment Inspection Form may be executed and delivered by electronic means. Upon delivery the electronic signature will be deemed to have the same effect as if the original signature had been delivered.