

Community: _____ Apartment #: _____ Date: _____

- Studio
 1 Bedroom
 2 Bedroom
 Cottage

Studio & 1BD: 3 Days | 2BD: 4 Days | Cottage: 5 Days for maintenance and deep clean.

Entire Apartment

- | | | |
|---|--|---|
| <input type="checkbox"/> Carpet cleaned/replaced | <input type="checkbox"/> Window screens | <input type="checkbox"/> Patio door |
| <input type="checkbox"/> Ceilings | <input type="checkbox"/> Closet inside & out | <input type="checkbox"/> PTAC/HVAC working |
| <input type="checkbox"/> Doors & locks | <input type="checkbox"/> Door closure & jam | <input type="checkbox"/> Storm door & threshold |
| <input type="checkbox"/> Drapes cleaned/replaced | <input type="checkbox"/> Drapes, rod, cord & attachments | <input type="checkbox"/> Walls |
| <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> E-call & cord | <input type="checkbox"/> Wall circulating fan |
| <input type="checkbox"/> Fire sprinkler heads (carefully) | <input type="checkbox"/> Entry door | <input type="checkbox"/> Windowsills & blinds |
| <input type="checkbox"/> Walls – painted & patched | <input type="checkbox"/> Heat-pump & cover | <input type="checkbox"/> Windows & tracks |
| <input type="checkbox"/> Walls & electric plates | <input type="checkbox"/> Heat-pump filter | |
| <input type="checkbox"/> Window cleaned | <input type="checkbox"/> Light fixtures & covers | |

Bathroom(s)

- Ceiling exhaust vent
- Caulking
- Chrome
- Door jam
- E-call & cord
- Light fixtures & covers
- Light switches & covers
- Medicine cabinet & shelves
- Mirrors
- Sink, faucet & drain
- Shower doors
- Toilet (complete)
- Towel-bars
- Tub/shower & tracks
- Vanity – clean inside & out
- Vinyl

Kitchen

- AC and plug covers
- Cabinets – inside & out
- Caulking
- Closet doors & tracks
- Counter-tops, sink, faucet & drain
- Dishwasher
- Disposal
- Faucet aerator
- Light fixtures & covers
- Light switches & covers
- Oven
- Refrigerator condensate pan
- Refrigerator – clean inside & out

Patio

- Door jam
- Flooring
- Light fixture & cover

Building Services Director: _____ Housekeeping: _____

Executive Director: _____ Date: _____