

APARTMENT CLEANING CHECKLIST

ADDRESS _____ UNIT NO. _____ DATE NEEDED _____

Property Name: _____

GENERAL: Spray oven cleaner in oven and on burner pans when you first enter the unit to allow it time to soak while doing the other cleaning. Get rid of all debris, trash, etc. Make sure to clean out all cabinets, drawers, closets (including furnace area), shelves, etc.

LIVING ROOM/DINING ROOM:

- Clean ceiling fan blades and/or light fixture.
- Use broom or vacuum attachments around ceiling and in corners.
- Wash down walls and baseboards.
- Clean both sides of door and doorframe.
- Clean vertical blinds and/or mini blinds.
- Clean windows-including tracks and/or sliding doors and tracks.
- Vacuum carpet. (Use crevice tool around baseboards.)
- Clean air vents. (Including one on furnace area door.)

BEDROOM(S):

- Clean light fixture and/or ceiling fan blades.
- Use broom or vacuum attachments around ceiling and in corners.
- Wash down walls, baseboards, doors, closet shelves, and windowsills.
- Clean miniblinds.
- Wash windows and tracks.
- Vacuum carpet. (Use crevice tool around baseboards or use broom to pull dirt out into middle of floor.)
- Clean air vents.

BATHROOM:

- Wipe out medicine cabinet and under the sink.
- Clean bathtub including walls, faucets, showerhead, and front of tub.
- Clean toilet including base, tank, and bowl.
- Clean sink, faucets, and countertop.
- Wash mirrors.
- Sweep and mop floor.
- Clean air vent.
- Clean exhaust fan cover.

KITCHEN:

- Clean out all cabinets and drawers. Wash down inside and outside of cabinet doors.
- Clean oven, stovetop, burner pans. (Replace pans if necessary.)
- Clean inside, outside, and top of fridge. Also clean crisper drawer(s) and under drawer(s).
- Put Vaseline on seal of fridge and freezer.
- Clean light fixtures and or ceiling fan blades.
- Wash down walls and baseboards.
- Wash countertops.
- Clean sink.
- Sweep and mop kitchen floor.
- Clean exhaust fan cover.

Please use the boxes to check off each item as completed. Fill in your name and Social Security number and this paper can serve as your invoice for payment.

NAME _____ SOCIAL SECURITY # _____ DATE _____

I have completed the cleaning for this unit as shown by checking the boxes above and am submitting this to serve as my invoice. Signature _____

Mgmt. Initials _____

Payment: Amount _____ Check # _____ Date _____