### horizontal line**Apartment Housekeeping Checklist**

#### **General Information**

* **Date:** [Insert Date]
* **Apartment Number:** [Insert Apartment Number]
* **Resident Name:** [Insert Name]
* **Housekeeper Name:** [Insert Name]

#### **Checklist Categories**

#### **1. Living Room**

* Dust furniture and electronics
* Vacuum or mop floors
* Clean windows and curtains
* Remove trash and replace liners

#### **2. Kitchen**

* Wipe countertops and cabinets
* Clean appliances (oven, refrigerator, microwave, etc.)
* Empty trash bins and sanitize
* Mop or sweep floors

#### **3. Bathroom**

* Clean and disinfect toilet and sink
* Wash and replace towels
* Clean mirrors and tiles
* Mop bathroom floor

#### **4. Bedroom**

* Make beds and replace linens
* Dust furniture and lamps
* Vacuum carpets or sweep floors
* Organize wardrobe and shelves

#### **Additional Notes**

[Insert any additional notes or instructions here]

#### **Signatures**

* **Completed by:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_
* **Resident Approval:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_