

Property Condition Report

Property Address: _____

Tenant Name: _____

Tenant Phone: _____ Tenant Email: _____

This evaluation is for the protection of both you and your landlord. You should complete this checklist and return this form to our office within 10 days of your move-in date or YOU WILL BE CHARGED A \$100 FINE. Please be thorough. Any items not noted here are assumed to be in acceptable, working condition.

Copy of Renter's Insurance Provided: YES NO A \$100 FINE WILL BE CHARGED IF NOT RECEIVED WITHIN 10 DAYS OF MOVE IN

	Move In Inspection	Move Out Inspection
	Date _____ The resident accepts responsibility for the above described property "as-is" with any exceptions listed below.	Date _____ This inspection outlines any damage beyond normal wear and tear for charges against the tenant's security deposit(s).
	CONDITION	CONDITION
KITCHEN	## OK ## Not OK - See Below	## OK ## Not OK - See Below
Refrigerator	_____	_____
Garbage Disposal/Sink	_____	_____
Dishwasher	_____	_____
Cabinets/Counter Top	_____	_____
Fixtures/Outlets	_____	_____
Walls/Woodwork/Paint	_____	_____
Windows/Doors	_____	_____
Floor Coverings	_____	_____
Range/Vent Hood	_____	_____
Other	_____	_____
LIVING ROOM	## OK ## Not OK - See Below	## OK ## Not OK - See Below
Fixtures/Outlets	_____	_____
Walls/Woodwork/Paint	_____	_____
Floor Coverings	_____	_____
Windows & Coverings	_____	_____
Doors	_____	_____
DINING ROOM	## OK ## Not OK - See Below	## OK ## Not OK - See Below
Fixtures/Outlets	_____	_____
Walls/Woodwork/Paint	_____	_____
Floor Coverings	_____	_____
Windows & Coverings	_____	_____
Doors	_____	_____

Initials _____ Initials _____

FAMILY ROOM	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Doors	_____	_____	_____	_____
HALL	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Closets	_____	_____	_____	_____
Doors	_____	_____	_____	_____
MASTER BEDROOM	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Closets	_____	_____	_____	_____
Doors	_____	_____	_____	_____
BEDROOM TWO	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Closets	_____	_____	_____	_____
Doors	_____	_____	_____	_____
BEDROOM THREE	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Closets	_____	_____	_____	_____
Doors	_____	_____	_____	_____
BEDROOM FOUR	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Closets	_____	_____	_____	_____
Doors	_____	_____	_____	_____

Initials _____ Initials _____

MASTER BATH	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Doors	_____	_____	_____	_____
Counter Top/Sink	_____	_____	_____	_____
Tub Enclosure	_____	_____	_____	_____
Toilet	_____	_____	_____	_____
Cabinets & Mirrors	_____	_____	_____	_____
Towel Bars	_____	_____	_____	_____
Other	_____	_____	_____	_____
ADDITIONAL BATH 1	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Doors	_____	_____	_____	_____
Counter Top/Sink	_____	_____	_____	_____
Tub Enclosure	_____	_____	_____	_____
Toilet	_____	_____	_____	_____
Cabinets & Mirrors	_____	_____	_____	_____
Towel Bars	_____	_____	_____	_____
Other	_____	_____	_____	_____
ADDITIONAL BATH 2	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Fixtures/Outlets	_____	_____	_____	_____
Walls/Woodwork/Paint	_____	_____	_____	_____
Floor Coverings	_____	_____	_____	_____
Windows & Coverings	_____	_____	_____	_____
Doors	_____	_____	_____	_____
Counter Top/Sink	_____	_____	_____	_____
Tub Enclosure	_____	_____	_____	_____
Toilet	_____	_____	_____	_____
Cabinets & Mirrors	_____	_____	_____	_____
Towel Bars	_____	_____	_____	_____
Other	_____	_____	_____	_____
MISCELLANEOUS	## OK	## Not OK - See Below	## OK	## Not OK - See Below
Smoke Detectors	_____	_____	_____	_____
Garage Door/Opener	_____	_____	_____	_____
Washer/Dryer Connections	_____	_____	_____	_____
Fencing	_____	_____	_____	_____
Heating & A/C	_____	_____	_____	_____
Patio	_____	_____	_____	_____
Other	_____	_____	_____	_____

**Air filters must be changed every month. If not changed and AC work is needed, tenant may be charged for repairs.
DO NOT USE ABRASIVE CLEANERS ON FIBERGLASS TUB/SHOWER UNITS OR CONTINUOUS CLEAN OVENS**

Tenant _____

Date _____

Tenant _____

Date _____

Please complete and return this form to our office within 10 days or your move-in date to avoid fees.