

Condition of Rental Property Checklist

UNIT NAME/ADDRESS _____

TENANT NAME _____

DATE: _____

DATE: _____

Instructions: Tenant please complete this checklist, sign and return this form within three days of moving in. BE SPECIFIC and DETAILED when filling out the checklist. Use photos, and other pages if needed. The property manager uses the move-in checklist during move out inspection and when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out.

ITEM	CONDITION UPON ARRIVAL	CONDITION UPON DEPARTURE
<u>LIVING ROOM</u>		
Ceilings, Walls & Floors		
Light Fixtures/Bulbs		
Windows & Screens		
Windows & Screens		
Smoke &/or CO Detector		
<i>Other:</i>		
<u>KITCHEN</u>		
Ceilings, Walls & Floors		
Light Fixtures/Bulbs		
Windows & Screens		
Cabinets		
Stove/Oven/Range Hood		
Refrigerator/Freezer		
Sinks & Plumbing		
Fire Extinguisher		
<i>Other:</i>		
<u>DINING ROOM</u>		
Flooring		
Ceilings, Walls & Floors		
Light Fixtures/Bulbs		
Windows & Screens		
<i>Other:</i>		
<u>BEDROOM # 1</u>		
Ceilings, Walls & Floors		
Windows & Screens		
Smoke &/or CO Detector		
<i>Other:</i>		

Condition of Rental Property Checklist

UNIT NAME/ADDRESS: _____

TENANT NAME _____

ITEM	CONDITION UPON ARRIVAL	CONDITION UPON DEPARTURE
BEDROOM # 2		
Ceilings, Walls & Floors		
Windows & Screens		
Smoke &/or CO Detector		
<i>Other:</i>		
BEDROOM # 3		
Ceilings, Walls & Floors		
Windows & Screens		
Smoke &/or CO Detector		
<i>Other:</i>		
BEDROOM # 4		
Ceilings, Walls & Floors		
Windows & Screens		
Smoke &/or CO Detector		
<i>Other:</i>		
BATHROOM		
Tub / Shower		
Toilet		
Towel Bars		
<i>Other:</i>		
HALLWAYS/ PORCHES		
Ceilings, Walls & Floors		
GENERAL		
Belongings / Refuse		
Other Door Hardware		
Entrance Door Lock		
Number of Keys Received		

TENANT SIGNATURE

PROPERTY MANAGER FOR LANDLORD

DATE

DATE