Sample: Statement of Condition Form

Address of rented facility_____

Landlord Name _____

Tenant Name _____

Note the condition of each item and any need for repair during Check-In and Check-Out.

Bedroom(s)	**Check-In**	**Check-Out**
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Paint/Wallpaper	_____	_____
Radiators/Heating Vents	_____	_____
Closet	_____	_____
Desk/Bureau/Furniture	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
Bathroom		
Shower/Bathtub (water pressure)	_____	_____
Toilet (water pressure)	_____	_____
Sink (water pressure)	_____	_____

	Check-In	**Check-Out**
Hot water	_____	_____
Mirror	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Radiators/Heating Vents	_____	_____
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Paint/Wallpaper	_____	_____
Towel Racks	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
Living Room		
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Paint/Wallpaper	_____	_____

	Check-In	Check-Out
Radiators/Heating Vents	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
Kitchen		
Refrigerator/Freezer	_____	_____
Oven/Stove	_____	_____
Sink and Disposal	_____	_____
Counter Tops	_____	_____
Cabinets/Drawers	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Paint/Wallpaper	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
Electrical	_____	_____

	Check-In	Check-Out
In the following rooms, light fixtures are required.		
Kitchen (1)	_____	_____
Bathroom (1)	_____	_____
Hallway	_____	_____
Stairway	_____	_____
In the following rooms, two outlets are required.		
Kitchen	_____	_____
Bedroom *	_____	_____
Living Room *	_____	_____

**Electric light fixtures may be substituted for an outlet.*

General Comments:

_____

_____

Signature of Landlord (or Witness) _____

Signature of Tenant _____

Date of Check-In _____Date of Check-Out _____