

Apartment Condition Report
Move In/Move Out (circle one)

Name _____

Date _____

Address of Rental Unit _____

Address (Permanent) _____

Fill out this form for each room. Document the condition of the items listed. Check if the item is **not** up to your standards. Keep a copy for your records. *Note: Specify the location of nail holes.*

TAKE PHOTOS OF ALL ROOMS AND AREAS THAT ARE DAMAGED OR NEED REPAIRS.

BE SPECIFIC ON CLEANING REQUIREMENTS AND THE LOCATION OF DAMAGED OR DILIPATED PAINTING

	Needs Cleaning	Needs Painting	Needs Repair Location/description
<p><u>Front & Back Entries</u></p> <p>1. Front/back door 2. Stairs 3. Porch 4. Door & deadbolt 5. Windows 6. Entryway to building (locked and secure)</p>			
<p><u>Living Room</u></p> <p>1. Carpets/rugs 2. Floors 3. Windows 4. Screens 5. Blinds 6. Curtains 7. Light Fixtures 8. Doors 9. Closet 10. Ceiling 11. North wall 12. East wall 13. South wall 14. West wall</p>			

**Needs
Cleaning**

**Needs
Painting**

**Needs Repair
Location/description**

Kitchen

1. Flooring
2. Windows
3. Screens
4. Blinds
5. Curtains
6. Light Fixtures
7. Ceiling
8. Cabinet/drawer
9. North wall
10. East wall
11. South wall
12. West wall
13. Counter tops
14. Sink faucet
15. Stove top & exterior
16. Oven
17. Broiler pan
18. Refrigerator
19. Exhaust fan
20. Garbage disposal
21. Other appliances

Bathroom

1. Flooring
2. Windows
3. Screens
4. Counter top
5. Towel racks
6. Mirror
7. Cabinet/drawer
8. Light fixtures
9. Doors & locks
10. Sink faucet(s)
11. Bath tub
12. Shower head
13. Toilet
14. Exhaust fan
15. Shower curtain
16. Walls

**Needs
Cleaning**

**Needs
Painting**

**Needs Repair
Location/description**

Bedroom #1

1. Carpets/floors
2. Windows
3. Screens
4. Blinds
5. Curtains
6. Light fixtures
7. Doors & locks
8. Closets
9. Ceiling
10. Ceiling Fan
11. North wall
12. East wall
13. South wall
14. West wall

Bedroom #2

1. Carpets/floors
2. Windows
3. Screens
4. Blinds
5. Curtains
6. Light fixtures
7. Doors & locks
8. Closets
9. Ceiling
10. Ceiling Fan
11. North wall
12. East wall
13. South wall
14. West wall

**Needs
Cleaning**

**Needs
Painting**

**Needs Repair
Location/description**

Bedroom #3

1. Carpets/floors
2. Windows
3. Screens
4. Blinds
5. Curtains
6. Light fixtures
7. Doors & locks
8. Closets
9. Ceiling
10. Ceiling Fan
11. North wall
12. East wall
13. South wall
14. West wall

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Bedroom #4

1. Carpets/floors
2. Windows
3. Screens
4. Blinds
5. Curtains
6. Light fixtures
7. Doors & locks
8. Closets
9. Ceiling
10. Ceiling Fan
11. North wall
12. East wall
13. South wall
14. West wall

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**Needs
Cleaning**

**Needs
Painting**

**Needs Repair
Location/description**

Hallways

- 1. Carpets/floors
- 2. Closets
- 3. Ceiling
- 4. Windows
- 5. Screens
- 6. Blinds
- 7. Doors & locks
- 8. North wall
- 9. East wall
- 10. South wall
- 11. West wall

Any additional Items

The above facility and furnishings were in the above stated condition when I (we) took occupancy and a copy of this instrument was transmitted to the landlord by _____, on _____.

SIGNATURE OF TENANT

DATE

SIGNATURE OF TENANT

DATE

SIGNATURE OF TENANT

DATE

SIGNATURE OF TENANT

DATE

Acceptance by Landlord or Landlord's Agent:

SIGNATURE

DATE