



CONDITION INSPECTION REPORT

REAL-TIME LEASING
EXPERTS IN PROPERTY MANAGEMENT

Tenant(s) Name: _____

Address: _____

Date of Move In: _____

AREA	CONDITION		REPAIR CHARGES (if applicable)
Kitchen	Move In	Move Out	
Walls			
Ceiling			
Floor			
Refridgerator			
Stove/Oven			
Microwave			
Range Hood			
Sink			
Countertops			
Cabinets (in/out)			
Dishwasher			
Lights			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Living Room/Dining Room	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Fireplace			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Office/Den	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Bedroom #	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			

AREA	CONDITION		REPAIR CHARGES (if applicable)
Bedroom #	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Bedroom #	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Bedroom #	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Bathroom #	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Sink			
Bathtub/Shower Surround			
Toilet			
Fixtures/Towel Accessories			

AREA	CONDITION		REPAIR CHARGES (if applicable)
Bathroom #	Move In	Move Out	
Walls			
Ceiling			
Floor			
Lights			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Sink			
Bathtub/Shower Surround			
Toilet			
Fixtures/Towel Accessories			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Rec Room/Family Room	Move In	Move Out	
Walls			
Ceiling			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Fireplace			
AREA	CONDITION		REPAIR CHARGES (if applicable)
Furnace	Move In	Move Out	
Smoke Detectors/C02 Detectors (working# on site)	Move In	Move Out	
Storage Area(s)	Move In	Move Out	

As of _____ The electric has been put in my name with_____.

As of _____ The gas has been put in my name with_____.

As of _____ The trash has been put in my name with_____.

As of _____ The water/sewer has been put in my name with_____.

Tenant has inspected the above Premises within the 5 day grace period and accepts it with the conditions and/or exceptions noted above. Tenant acknowledges this report as part of the Lease with the Landlord for the above Premises. Tenant agrees to return the Premises in like condition upon termination of tenancy, normal wear and tear accepted.

Tenant _____

Tenant _____

Tenant _____

Date _____

