

# Apartment Condition Statement

Date: \_\_\_\_\_

**This is a statement of the condition of the premises you have leased or rented. You should read it carefully in order to see if it is correct. If it is correct, you must sign it. This will show that you agree that the list is correct and complete. If it is not correct, you must attach a separate signed list of any damage which you believe exists in the premises. This statement must be returned to the lessor or his agent within fifteen (15) days after you receive this list or within fifteen (15) days after you move in, whichever is later. If you do not return this list within the specified time period, a court may later view your failure to return the list as your agreement that the list is complete and correct in any suit which you may bring to recover the security deposit.**

TO: _____	RE: _____
Lessee	Unit
_____	_____
Address	Address
_____	_____
City	City
Zip	Zip

We have examined the premises and have found the present condition to be as follows:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date: \_\_\_\_\_ Lessor/Agent Signature: \_\_\_\_\_

\_\_\_\_\_  
 Lessor  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City Zip  
 \_\_\_\_\_  
 Phone

\_\_\_\_\_  
 Agent  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City Zip  
 \_\_\_\_\_  
 Phone

AGREED AND ASSENTED TO: \_\_\_\_\_  
 Lessee



**SECURITY DEPOSIT CALCULATION**  
(Worksheet for Landlord's Use Only)

Security Deposit Held: \$ \_\_\_\_\_  
Accrued Interest: \$ \_\_\_\_\_  
Total: \$ \_\_\_\_\_

List of Damage	Cost
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total:	\$ _____

Unpaid Rent \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Unpaid Taxes \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Total Due Lessee: \$ \_\_\_\_\_

Total Due Lessor: \$ \_\_\_\_\_

Date Tenancy Terminated \_\_\_\_\_