

Apartment/House Condition Report Form

Condition Key: N=New, G=Good, F=Fair, P=Poor, M=Missing

Moving In				Moving Out		
	Condition	Qty	Comments	Condition	Qty	Comments
Living Room						
Walls						
Floors/Carpet						
Ceiling						
Light Fixtures						
Windows						
Dining Room						
Walls						
Floor/Carpet						
Ceiling						
Ceiling Light						
Table/Chairs						
Kitchen						
Walls						
Floor/Tile						
Ceiling						
Ceiling Light						
Counters						
Cabinets						
Stove/Oven						
Refrigerator						
Dishwasher						
Bathroom						
Walls						
Floor/Tile						
Ceiling						
Light Fixture						
Sink/Faucet						
Toilet						
Shower/Tub						
Medicine Cabinet						
Towel Rack						
Other						
Exterior Locks						
Exterior Door						
A/C or Heating						
Water Heater						
Smoke/CO Detectors						
Deck/Porch						
Garage/Basement						
Walls						
Floors						
Ceiling						

Notes: (Include any extra comments or notes on the property that you want documented. Attach pictures of damages)

Property Address: _____

Tenant Name: (Print) _____ Signature: _____ Date: _____

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Tenant Name: (Print) _____ Signature: _____ Date: _____

Tenant Name: (Print) _____ Signature: _____ Date: _____

Tenant Name: (Print) _____ Signature: _____ Date: _____

Landlord Name: (Print) _____ Signature: _____ Date: _____