

MOVE-IN CONDITION REPORT

Property Address: _____

Tenants: _____

Living Room:

Walls: _____

Flooring: _____

Windows: _____

Ceiling: _____

Light Fixtures: _____

Fireplace (if applicable): _____

Smoke Detector Present (mark one): _____ (yes) _____ (no)

Comments: _____

Dining Room (if applicable):

Walls: _____

Flooring: _____

Windows: _____

Ceiling: _____

Light Fixtures: _____

Fireplace (if applicable): _____

Smoke Detector Present (mark one): _____ (yes) _____ (no)

Comments: _____

Kitchen:

Walls: _____

Flooring: _____

Windows: _____

Ceiling: _____

Cabinets: _____

Light Fixtures: _____

Refrigerator: _____

Oven/Stove: _____

Dishwasher (if applicable): _____

Microwave (if applicable): _____

Smoke Detector Present (mark one): _____ (yes) _____ (no)

Comments: _____

Bedroom # 1:

Walls: _____
Flooring: _____
Windows: _____
Ceiling: _____
Closet / Closet Doors: _____
Light Fixtures: _____
Comments: _____

Bedroom # 2 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Ceiling: _____
Closet / Closet Doors: _____
Light Fixtures: _____
Comments: _____

Bedroom # 3 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Ceiling: _____
Closet / Closet Doors: _____
Light Fixtures: _____
Comments: _____

Bedroom # 4 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Ceiling: _____
Closet / Closet Doors: _____
Light Fixtures: _____
Comments: _____

Bedroom # 5 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Ceiling: _____
Closet / Closet Doors: _____
Light Fixtures: _____
Comments: _____

Bathroom # 1:

Walls: _____
Flooring: _____
Windows: _____
Light Fixtures: _____
Closet / Closet Doors: _____
Shower / Tub: _____
Sink / Vanity / Toilet: _____
Exhaust fan (if applicable): _____
Comments: _____

Bathroom # 2 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Light Fixtures: _____
Closet / Closet Doors: _____
Shower / Tub: _____
Sink / Vanity / Toilet: _____
Exhaust fan (if applicable): _____
Comments: _____

Bathroom # 3 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Light Fixtures: _____
Closet / Closet Doors: _____
Shower / Tub: _____
Sink / Vanity / Toilet: _____
Exhaust fan (if applicable): _____
Comments: _____

Bathroom # 4 (if applicable):

Walls: _____
Flooring: _____
Windows: _____
Light Fixtures: _____
Closet / Closet Doors: _____
Shower / Tub: _____
Sink / Vanity / Toilet: _____
Exhaust fan (if applicable): _____
Comments: _____

Basement (if applicable):

Please check one: _____ (finished) _____ (partially finished) _____ (unfinished)

Walls: _____

Flooring: _____

Windows: _____

Light Fixtures: _____

Hot water heater: _____

Furnace: _____

Smoke Detector Present (mark one): _____ (yes) _____ (no)

Comments: _____

Garage (if applicable):

Walls: _____

Flooring: _____

Light Fixtures: _____

Garage Door: _____

Entry Door: _____

Comments: _____

Exterior

Deck / Balcony: _____

Exterior Doors: _____

Yard: _____

Landscaping: _____

Fence (if applicable): _____

Comments: _____

Additional

Comments: _____

Lessee: _____ Date: _____

Lessee: _____ Date: _____

Lessee: _____ Date: _____

Lessor / Agent: _____ Date: _____