

Property Condition Report

****This form must be returned within 72 hours of occupancy to be valid**

MOVE IN	Date:	MOVE OUT	Date:
Living Room		Living Room	
Walls		Walls	
Ceiling / lights		Ceiling / lights	
Floor		Floor	
Blinds / screens		Blinds / screens	
Doors		Doors	
Other		Other	
Kitchen / Dining Room		Kitchen / Dining Room	
Walls		Walls	
Ceiling / lights		Ceiling / lights	
Floor		Floor	
Blinds / screens		Blinds / screens	
Doors		Doors	
Other		Other	
Cabinets		Cabinets	
Counters		Counters	
Appliances		Appliances	
Utility Room		Utility Room	
Walls		Walls	
Ceiling / lights		Ceiling / lights	
Floor		Floor	
Blinds / screens		Blinds / screens	
Doors		Doors	
Other		Other	
Hall		Hall	
Walls		Walls	
Ceiling / lights		Ceiling / lights	
Floor		Floor	
Doors		Doors	
Other		Other	
Bedrooms	1st	/2nd	/3rd
Bedrooms	1st	/2nd	/3rd
Ceiling / lights		Ceiling / lights	
Floor		Floor	
Blinds / screens		Blinds / screens	
Doors		Doors	
Other		Other	
Bath Rooms		Bath Rooms	
Walls		Walls	
Ceiling / lights		Ceiling / lights	
Floor		Floor	
tub / fixtures		tub / fixtures	
Doors		Doors	
Cabinets		Cabinets	
Miscellaneous		Miscellaneous	
Storage area		Storage area	
Yard		Yard	
Other		Other	
** Notice** The resident shall be responsible for the Condition of the property "AS IS" and any damage will be paid at the residents expense.		Date Vacated: Forwarding Address:	
MOVE IN INSPECTION RESULTS HEREBY ACCEPTED:		MOVE OUT INSPECTION RESULTS HEREBY ACCEPTED:	
Unit address:		Unit address:	
Resident:		Resident:	
Resident:		Resident:	
Manager /Agent		Manager /Agent	