



CONDITION INSPECTION REPORT

Tenant(s) Name: _____

Address: _____

Date of Move in: _____

AREA	CONDITION	CONDITION
KITCHEN	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Refrigerator		
Stove/Oven		
Microwave		
Range Hood		
Sink		
Countertops		
Cabinets (in/out)		
Dishwasher		
Lights		

AREA	CONDITION	CONDITION
LIVING ROOM	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
Fireplace		

AREA	CONDITION	CONDITION
DINING ROOM	MOVE-IN	MOVE-OUT
Walls		
Ceilings		
Floor		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
Fireplace		

AREA	CONDITION	CONDITION
OFFICE/DEN	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
AREA	CONDITION	CONDITION
BEDROOM #	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
AREA	CONDITION	CONDITION
BEDROOM #	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
AREA	CONDITION	CONDITION
BEDROOM #	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closet/Mirrors		
Windows/Screens/Frames		
Doors/Locks		

AREA	CONDITION	CONDITION
BEDROOM #	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closet/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
AREA	CONDITION	CONDITION
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	CONDITION
BATHROOM #	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Closet/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
Sink		
Bathtub/Shower Surround		
Toilet		
Fixtures/Towel Accessories		
AREA	CONDITION	CONDITION
BATHROOM #	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Closet/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
Sink		
Bathtub/Shower Surround		
Toilet		
Fixtures/Towel Accessories		

AREA	CONDITION	CONDITION
REC ROOM/FAMILY ROOM	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		
Fireplace		
AREA	CONDITION	CONDITION
EXTERIOR	MOVE-IN	MOVE-OUT
Lawn		
Siding		
Gutters		
Roof		
Patio/Porch		
Fence		
Shed		
AREA	CONDITION	CONDITION
FURNACE	MOVE-IN	MOVE-OUT
SMOKE DETECTORS/C02 DETECTORS (Working# on Site)	MOVE-IN	MOVE-OUT
STORAGE AREA(s)	MOVE-IN	MOVE-OUT
AREA	CONDITION	CONDITION
OTHER	MOVE-IN	MOVE-OUT
Walls		
Ceiling		
Floor		
Lights		
Ceiling Fans		
Closets/Mirrors		
Windows/Screens/Frames		
Doors/Locks		

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 reports 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 _____ DATE: _____

TENANT _____ DATE: _____