

MOVE IN/OUT CONDITION REPORT

Please assess and document the condition of the items listed below and return it to the office within 2 days upon moving in.

[ContactList()]

[Lease.Unit.Address.Street1()]

[Lease.Unit.Address.CityStatePostalCode()]

WITHOUT THIS RETURNED YOU MAY BE CHARGED FOR PREVIOUS DAMAGES

| | Move-In Condition | Move-Out Condition |
|-------------------------|-------------------|--------------------|
| General | | |
| Walls | _____ | _____ |
| Carpet (color) | _____ | _____ |
| Window screens | _____ | _____ |
| Lighting | _____ | _____ |
| Doors | _____ | _____ |
| Ceiling fans (#/type) | _____ | _____ |
| Window treatments | _____ | _____ |
| Smoke detector(s) | _____ | _____ |
| Balcony/deck/patio | _____ | _____ |
| Heater/air conditioning | _____ | _____ |
| Other: | _____ | _____ |
| Other: | _____ | _____ |
| Other: | _____ | _____ |
| Kitchen | | |
| Stove | | |
| Make/color | _____ | _____ |
| Rack | _____ | _____ |
| Broiler pan | _____ | _____ |
| Oven | _____ | _____ |
| Oven door | _____ | _____ |
| Burners | _____ | _____ |

Drip pans

Knobs

Push buttons

Door handle

Window

Exhaust/hood/fan

Refrigerator

Make/color

Drip tray

Crisper pan

Crisper glass shelf

Ice cube tray

Shelves

Door

Dishwasher

Make/color

2 Racks

Door

Knobs

Miscellaneous

Disposal

Sink

Microwave (make/color)

Other:

Other:

Other:

Bathroom

Light fixtures

Medicine cabinet

Mirror

Towel racks

Wash basin

Bath tub

Bath tub fixtures

Shower

Toilet bowl

Toilet tank

Walls/ceiling

Flooring

Sink

Other:

Other:

Other:

Storage Area

#

Comments:

Signature of Tenant (Move-In Only)

Date of Move-In Inspection

Signature of Manager (Move-In Only)

Date Keys Delivered to Tenant

Signature of Tenant (Move-Out Only)

Date of Move-Out Inspection

Signature of Manager (Move-Out Only)

Date Keys Received from Tenant

