

## CHECK-IN/CHECK-OUT CONDITION REPORT

TENANT(S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Rating Scale = (E)Excellent (VG) Very Good (G)Good (F)Fair (P)Poor								
	IN	Out		In	Out		In	Out
<b>LIVING AREAS</b>			<b>KITCHEN</b>			<b>BEDROOM 3</b>		
Walls			Walls			Walls		
Windows			Stove/Racks			Windows		
Blinds/Drapes			Refrigerator			Blinds/Drapes		
Rods			Ice Trays			Rods		
Floor			Shelves/Drawer			Floor		
Carpet/Vinyl/Wood			Disposal			Light Fixtures		
Light Fixtures			Dishwasher			Doors/Woodwork		
Doors/Woodwork			Counter Tops			Locks		
Locks			Cabinets			Ceilings		
Ceilings			Sink			Electric Outlets		
Electrical Outlets			Floor					
Garbage Cans			Windows					
TV Antenna/Cable			Blinds/Drapes			<b>BATH ROOM</b>		
Fireplace						Towel Bars		
Cleanliness						Sink & Vanity		
						Toilet		
<b>BEDROOM 1</b>			<b>BEDROOM 2</b>			Tub/Shower		
Walls			Walls			Fan (Exhaust)		
Windows			Windows			Floor		
Blinds/Drapes			Blinds/Drapes			Electric Outlets		

