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
LIVING AREAS			**KITCHEN**			**BEDROOM 3**		
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			**BATH ROOM**		
Fireplace						Towel Bars		
Cleanliness						Sink & Vanity		
						Toilet		
BEDROOM 1			**BEDROOM 2**			Tub/Shower		
Walls			Walls			Fan (Exhaust)		
Windows			Windows			Floor		
Blinds/Drapes			Blinds/Drapes			Electric Outlets		
Rods			Rods			Light Fixtures		
Floor			Floor					
Light Fixtures			Light Fixtures			**Essential Services**		
Doors/Woodwork			Doors/Woodwork			Plumbing		
Locks			Locks			Heating		
Ceilings			Ceilings			Electricity		
Electrical Outlets			Electric Outlets			Hot Water		
						Smoke Detectors		

PREVIEW ONLY

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Description of Damage:

_____

_____

_____

_____

_____

I accept this unit in the above condition:

_____
Tenant Date

_____
Tenant Date

_____
Landlord Date

I left this unit in the above condition:

_____
Tenant Date

_____
Tenant Date

_____
Landlord Date

PREVIEW ONLY

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