

# 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		

Rating Scale = (E)Excellent (VG) Very Good (G)Good (F)Fair (P)Poor								
Rods			Rods			Light Fixtures		
Floor			Floor					
Light Fixtures			Light Fixtures			<b>Essential Services</b>		
Doors/Woodwork			Doors/Woodwork			Plumbing		
Locks			Locks			Heating		
Ceilings			Ceilings			Electricity		
Electrical Outlets			Electric Outlets			Hot Water		
						Smoke Detectors		

**Description of Damage:**


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**Description of Furnishings and Appliances provided:**


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**I accept this unit in the above condition:**


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 Tenant Date

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 Tenant Date

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 Landlord Date
**I left this unit in the above condition:**


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 Tenant Date

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 Tenant Date

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 Landlord Date