This is a statement of the condition of the premises you have leased or rented. You should read it carefully in order to see if it is correct. If it is correct you must sign it. This will show that you agree the list is correct and complete. If it is not correct, you must attach a separate signed list of any damage which you believe exists in the premises. This statement must be returned to the lessor or his agent within fifteen days after you receive this list or within fifteen after you move in, whichever is later. If you do not return this list within the specified period, a court may later view your failure to return the list as your agreement that the list is complete and correct in any suit which you may bring to recover the security deposit.

WRITTEN CONDITION REPORT/RECEIPT FOR SECURITY DEPOSIT

TENANT(S):								
ADDRESS: UNIT:								
CITY:	CITY: STATE: ZIP:							
Rating Scale = (E)Exc	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		Alter	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					

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Rating Scale = (E)Exc	ellent (VG	a) Very Go	ood (G)Good (F)Fair	· (P)Poor				·
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		
Description of Dam	age:							
			~					
I accept this unit in			on: 			n the above conditi	ion:	
Tenant	Date	e		Tenant		Date		
Tenant	Date	e	_	Tenant		Date		
Submitted by:				Accept	ed By:			

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Landlord	Date	Landlord	Date	
		y deposit. Tenant is hereby ount following financial insti		rity
Name of Finance	cial Institution:			
Address/Locati	on:			
Account Numb	er:	_		
		of any subsequent transfer o rity deposit to a different fin		suc-
Landlord	Date			
Received:				
Tenant	Date	Tenant	Date	
$\mathbf{\mathcal{D}}$				
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