CHECK-IN/CHECK-OUT CONDITION REPORT									
TENANT(S): ADDRESS: CITY:				STATE	:	UNIT:			
Rating Scale = (E)Exc	ellent (V	G) Very Go	ood (G)Good (F)Fair	r (P)Pooi					
	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 2

Walls

Windows

Blinds/Drapes

Tub/Shower

Fan (Exhaust)

Electric Outlets

Floor

BEDROOM 1

Walls

Windows

Blinds/Drapes

Rating Scale = (E)Excelle	ent (VG) Very	Good (G)Good (F)Fa	ir (P)Poor	
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
I accept this unit in th	e above cond	lition:	Heft this uni	t in the above condition:
Tenant	Date		Tenant	Date
Tenant	Date		Tenant	Date
Landlord	Date		Landlord	Date
Tenant has paid \$_deposit paid will be				by given notice that the security nstitution:
Name of Financial	Institution:			
Address/Location:_				
If applicable: Name	e of Insurai	nce Company Provi	ding Bond:	

		ny subsequent change of financial institutions where he name of the Insurance Company providing the
bond.		
Landlord	Date	
Received:		
Tenant	Date	Tenant Date