NY-RTG-20 New York

## **CHECK-IN/CHECK-OUT CONDITION REPORT**

TENIANIT(S).								
TENANT(S): ADDRESS:						UNIT:		
CITY:				STATE	8:	OT(III)		
Rating Scale = (H						ir (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		1	Ceilings		
Ceilings			Sink			Electric Outlets		
Electrical Outlets			Floor					
Garbage Cans			Windows					
TV Antenna/Cable		À	Blinds/Drapes			BATHROOM		
Fireplace						Towel Bars		
Cleanliness						Sink & Vanity		
						Toilet		
BEDROOM 1			BEDROOM 2			Tub/Shower		
Walls			Walls			Fan (Exhaust)		
Windows			Windows			Floor		
Blinds/Drapes		Alter	Blinds/Drapes			Electric Outlets		
Rods			Rods			Light Fixtures		
Floor			Floor					
Light Fixtures			Light Fixtures			Essential Service	s	
Doors/Woodwork			Doors/Woodwork			Plumbing		
Locks			Locks			Heating		
Ceilings			Ceilings			Electricity		
Electrical Outlets			Electric Outlets			Hot Water		
						Smoke Detectors		

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Description of Damage	e:		
l accept this unit in the	e above condition:	I left this unit in th	e above condition:
Tenant	Date	Tenant	Date
Tenant	Date	Tenant	Date
Landlord	Date	Landlord	Date
RECEIPT			
Tenant has paid \$	for a security de	posit. Tenant is hereby gi	ven notice that the security
deposit in the above	amount will be held at	the following investment	company, state or federally
chartered bank, savi	ings bank or savings and	loan association:	
Name:			
Address:			
Tenant is hereby n	otified that they may b	e present at the move-ou	ut inspection.
Received:			
Tenant	Date	Tenant	Date

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