

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

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

\_\_\_\_\_  
 Tenant Date

\_\_\_\_\_  
 Tenant Date

\_\_\_\_\_  
 Tenant Date

\_\_\_\_\_  
 Tenant Date

\_\_\_\_\_  
 Landlord Date

\_\_\_\_\_  
 Landlord Date