CHECK-IN/CHECK-OUT CONDITION REPORT

TENANT(S):		
ADDRESS:		UNIT:
CITY:	STATE:	ZIP:

CITY:				SIAIE	y	ZIP:		
Rating Scale = (E)Excelle	ent (V	G) Very Good (C	G)Good	(F)Fa	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		,	Ceilings		
Ceilings			Sink			Electric Outlets		
Electrical Outlets			Floor					
Garbage Cans			Windows					
TV Antenna/Cable			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			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		

Description of Dam	nage:			
				7
I accept this unit in	the above condition:	I left this unit in the	ne above condition:	
Tenant	Date	Tenant	Date	
Tenant	Date	Tenant	Date	
Landlord	Date	Landlord	Date	
RECEIPT				
	for a security de			
	en notice that the security of			
association:	nt company, state or federa	ny chartered bank, saving	gs bank or savings and io	an
association.				
Name:				
Address:				
Received:				
Accerved.				
Tenant	Date	Tenant	Date	