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
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 Services**		
Doors/Woodwork			Doors/Woodwork			Plumbing		
Locks			Locks			Heating		
Ceilings			Ceilings			Electricity		
Electrical Outlets			Electric Outlets			Hot Water		
						Smoke Detectors		

PREVIEW ONLY

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Description of Damage:

_____

_____

_____

_____

_____

_____

_____

I accept this unit in the above condition:

_____
Tenant Date

_____
Tenant Date

_____
Landlord Date

I left this unit in the above condition:

_____
Tenant Date

_____
Tenant Date

_____
Landlord Date

RECEIPT

Tenant has paid $ _____ for a security deposit (this sum is no more than 2 month's rent). Tenant is hereby given notice that the security deposit in the above amount will be held at the following investment company, state or federally chartered bank, savings bank or savings and loan association:

Name: _____
Address: _____

Received:

_____
Tenant Date

_____
Tenant Date

PREVIEW ONLY

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