

Rental Property Condition Checklist

Instructions: Tenant(s) complete(s) this checklist within 7 days of moving in. Tenant(s) and landlord review property and completed checklist, and mutually agree on the condition of the property upon move-in by signing this form. Each party keeps a copy of signed checklist. Tenant(s) and landlord use the move-in checklist during the move-out inspection and when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out. BE SPECIFIC and DETAILED when filling out the checklist.

Property Address: _____

Item	Any Damage Present at Move-In? (Check yes or no; if yes, describe)		Any Damage Present at Move-Out? (Check yes or no; if yes, describe)	
	Yes	No	Yes	No
LIVING ROOM				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Lighting fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Fireplace				
Other				
Other				
KITCHEN				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Lighting fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Cabinets and drawers				
Counters				
Stove, burners				
Oven, range hood				
Microwave				
Refrigerator				
Dishwasher				
Sink(s) and plumbing				
Garbage disposal				
Other				
Other				
DINING AREA				
Floor/floor coverings				

Item	Any Damage Present at Move-In? (Check yes or no; if yes, describe)		Any Damage Present at Move-Out? (Check yes or no; if yes, describe)	
	Yes	No	Yes	No
Walls and ceiling				
Door(s) (including locks, hardware)				
Light fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Other				
Other				
BATHROOM #1				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Light fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Counters and surfaces				
Sink and plumbing				
Bathtub/shower				
Toilet				
Exhaust fan				
Cabinets and drawers				
Other				
Other				
BATHROOM #2				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Light fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Counters and surfaces				
Sink and plumbing				
Bathtub/shower				
Toilet				
Exhaust fan				
Cabinets and drawers				
Other				
Other				

Item	Any Damage Present at Move-In? (Check yes or no; if yes, describe)		Any Damage Present at Move-Out? (Check yes or no; if yes, describe)	
	Yes	No	Yes	No
BEDROOM #1				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Light fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Closet(s)				
Other				
Other				
BEDROOM #2				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Light fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Closet(s)				
Other				
Other				
BEDROOM #3				
Floor/floor coverings				
Walls and ceiling				
Door(s) (including locks, hardware)				
Light fixture(s)				
Window(s) and screen(s)				
Window covering(s)				
Closet(s)				
Other				
Other				
OTHER				
Heating system				
Air conditioning				
Stair(s)				
Hallway(s)				
Front/back porch				
Patio/terrace/deck				

Item	Any Damage Present at Move-In? (Check yes or no; if yes, describe)		Any Damage Present at Move-Out? (Check yes or no; if yes, describe)	
	Yes	No	Yes	No
Garage/parking area(s)				
Basement				
Smoke alarms				
Other				
Other				
Please indicate any other concerns not addressed above.				
Number of keys received				

<i>Move-In Inspection Date:</i>	<i>Move-Out Inspection Date:</i>
<i>Landlord/agent signature:</i>	<i>Landlord/agent signature:</i>
<i>Tenant signature:</i>	<i>Tenant signature:</i>
<i>Tenant signature:</i>	<i>Tenant signature:</i>
<i>Tenant signature:</i>	<i>Tenant signature:</i>
<i>Tenant signature:</i>	<i>Tenant signature:</i>