

Move-in/Move-Out Condition Report

This Move-in/Move-Out Condition Report is part of the Lease Agreement dated ____ / ____ / ____ between _____ (Tenant) and _____ (Landlord) for the property located at _____.

The Landlord/Manager and Tenant have each inspected the property listed above. Tenant understands that this Condition Report is a part of their Lease Agreement and will be used to document the condition of the dwelling upon gaining occupancy and upon vacating.

	ARRIVAL CONDITION	DEPARTURE CONDITION
Living Room		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Other		

	ARRIVAL CONDITION	DEPARTURE CONDITION
Kitchen/Other _____		
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		

TENANT'S INITIALS: _____

Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Cabinets/Hardware		
Refrigerator		
Stove/Oven		
Stove Vent		
Microwave		
Dishwasher		
Sink/Fixtures/Plumbing		
Counter		
Garbage Disposal		
Washer/Dryer		
Dryer Vent		
Other		

	ARRIVAL CONDITION	DEPARTURE CONDITION
Bathroom(s)		
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		

TENANT'S INITIALS: _____

Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Cabinet(s)/Hardware		
Counter Surfaces		
Sink/Fixtures/Plumbing		
Bathtub/Shower/Fixtures		
Toilet		
Other		

	ARRIVAL CONDITION	DEPARTURE CONDITION
Bedroom		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Other		

TENANT'S INITIALS: _____

	ARRIVAL CONDITION	DEPARTURE CONDITION
Bedroom/Other _____		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Closet		
Other		

	ARRIVAL CONDITION	DEPARTURE CONDITION
Bedroom/Other _____		
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fans		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		

TENANT'S INITIALS: _____

Closet		
Other		

	ARRIVAL CONDITION	DEPARTURE CONDITION
Other		
Exterior of Building		
Lawn/Garden		
Driveway/Walkways		
Garage		
Porch		
Other		

OF KEYS RECEIVED

Move-In

Door ___ Garage ___ Mailbox ___ Other ___

Move-Out

Door ___ Garage ___ Mailbox ___ Other ___

Comments:

Move-In Inspection

Landlord/Manager: _____

Tenant: _____

Tenant: _____

Date of Move-In Inspection: ___ / ___ / ___

Move-Out Inspection

Landlord/Manager: _____

Tenant: _____

Tenant: _____

Date of Move-Out Inspection: ___ / ___ / ___

TENANT'S INITIALS: _____