



Property Condition Report

() Move-In

() Move-Out

() Routine Inspection

Property Address : _____

Tenant(s) : _____

Date : _____ Hm # : _____ Wk # : _____

Exterior:

Paint/wood siding _____	Soffit/facia _____
Walkway/porch/drive _____	Overall yard _____
Trees/shrubs _____	Roof/Gutters _____
Mail box _____	Porch Lights _____
Fences/Gates _____	Pool _____
Front door _____	Rear door _____

Entryway:

Floor type/condition _____	Closet _____
Wall _____	Lights _____

Living Room:

Floor type/condition _____	Ceiling _____
Walls _____	Lights/Elect. _____
Windows/screens _____	Blinds _____
Ceiling Fan _____	Other _____

Dining Room:

Floor type/condition _____	Ceiling _____
Walls _____	Lights/Elect. _____
Windows/screens _____	Blinds _____
Ceiling Fan _____	Other _____

Kitchen:

Lights/Elect _____	Floor type/condition _____
Windows/screens _____	Blinds _____
Walls _____	Ceiling _____
Sink/Faucet _____	Counters _____
Cabinets _____	Stove/Oven _____
Drip pan _____	Disposal _____
Dishwasher _____	Refrigerator _____
Other _____	

Family Room:

Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Windows/screens _____ Blinds _____
Ceiling Fan _____ Other _____

Hallway:

Floor type/condition _____ Closet _____
Wall _____ Lights _____
Ceiling _____ Smoke Alarm OK / Not OK A/C Filter OK / Not OK
Other _____

Bedroom:

Location _____ Door _____
Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Windows/screens _____ Blinds _____
Ceiling Fan _____ Doorstops _____
Other _____

Bedroom:

Location _____ Door _____
Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Windows/screens _____ Blinds _____
Ceiling Fan _____ Doorstops _____
Other _____



Bedroom:

Location _____ Door _____
Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Windows/screens _____ Blinds _____
Ceiling Fan _____ Doorstops _____
Other _____

Bathroom:

Location _____
Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Fixtures _____ Shower _____
Tub _____ Commode _____
Rods _____ Towel Bars _____
Door _____ Doorstops _____

Bathroom:

Location _____
Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Fixtures _____ Shower _____
Tub _____ Commode _____
Rods _____ Towel Bars _____
Door _____ Doorstops _____

Laundry Room:

Floor type/condition _____ Ceiling _____
Walls _____ Lights/Elect. _____
Door _____ Doorstops _____
Closet _____ Other _____

Garage:

Walls _____ Door _____
Ceiling _____ Lights/Elect. _____
Door Opener _____ Other _____

COMMENTS : _____

Tenant _____ Date _____ Property Manager _____ Date _____

Tenant _____ Date _____

