

MOVE-IN/MOVE-OUT CONDITION REPORT

This MOVE-IN/MOVE-OUT CONDITION REPORT (this “**Condition Report**”) attaches to and becomes part of the Residential Lease Agreement dated _____ (the “**Lease**”) by and between _____ (“**Landlord**”), and _____ (“**Tenant**”) for the residence at _____ (the “**Property**”).

Landlord and Tenant have each inspected the Property. Tenant understands that this Condition Report will used to document the condition of the Property upon gaining occupancy and upon vacating the Property.

Living Room	Arrival Condition	Departure Condition
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fan(s)		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Other		

Kitchen/Other	Arrival Condition	Departure Condition
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fan(s)		
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		

Bathroom(s)	Arrival Condition	Departure Condition
Floors/Floor Coverings		
Walls and Ceiling/Caulking		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fan(s)		
Vanity/Mirror		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Cabinet(s)/Hardware		
Counter Surfaces		
Sink/Fixtures/Plumbing		
Bathtub/Shower/Fixtures		
Toilet		
Other		

Bedroom 1	Arrival Condition	Departure Condition
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fan(s)		
Door(s)/Hardware		

Closet		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Other		
Other		
Other		

Bedroom 2/Other _____	Arrival Condition	Departure Condition
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		
Other		
Other		

Bedroom 3/Other _____	Arrival Condition	Departure Condition
Floor and Floor Covering		
Walls and Ceiling		
Window(s)		
Window Covering(s)		
Lighting Fixture(s)/Fan(s)		
Door(s)/Hardware		
Heating		
Outlets/Switches		
Smoke Alarms/CO Alarms		
Closet		
Other		
Other		
Other		

Other _____	Arrival Condition	Departure Condition
Exterior of Building		
Lawn/Garden		
Driveway/Walkways		
Garage		

Porch		
# of Keys Received:	Door___ Garage ___ Mailbox ___ Other___	Door___ Garage ___ Mailbox ___ Other___
Other		

Other Comments:

Move-In Inspection

Landlord/Manager_____

Tenant _____

Tenant _____
(if applicable)

Date of Move-In Inspection ___/___/___

Move-Out Inspection

Landlord/Manager_____

Tenant _____

Tenant _____
(if applicable)

Date of Move-Out Inspection ___/___/___