



Property Condition Report

Condition
Good=G Broken=B
Dirty=D Missing=M

Address:		Move In Condition		Move Out Condition	
Tenant(s) Name:		Move In Date:		Move Out Date:	
Room	Item	Code	Comments	Code	Comments
General	Stairs				
	Closets				
	Switches				
	Outlets				
	Air / Heat				
	Fans				
Living Room	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
Dining Area	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
Kitchen	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Stove				
	Refrigerator				
	Sink				
Bathroom 1	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Toilet, tub, sink				
	Vanity, mirror				
Bathroom 2	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Toilet, tub, sink				
	Vanity, mirror				

Bedroom 1	Ceiling				
	Light Fixture/Fan				
	Walls				
	Floor				
	Windows				
	Closets				
Bedroom 2	Ceiling				
	Light Fixture/Fan				
	Walls				
	Floor				
	Windows				
	Closets				
Bedroom 3	Ceiling				
	Light Fixture/Fan				
	Walls				
	Floor				
	Windows				
	Closets				
Bedroom 4	Ceiling				
	Light Fixture/Fan				
	Walls				
	Floor				
	Windows				
	Closets				
Exterior	Porch/Patio				
	Doors				
	Lawn				
	Driveway				
	Mailbox				
	Garbage Cans				
Notes:					

Move-In Signature (Tenant): _____ Date: _____

Move-In Signature (Landlord): _____ Date: _____

Move-Out Signature (Tenant): _____ Date: _____

Move-Out Signature (Landlord): _____ Date: _____