

Inventory and Condition Form

Resident's Name: _____ Home #: (____) _____ Work #: (____) _____
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Apartment Community Name: _____
 or Street Address (if house, duplex, etc.): _____ Apt. # _____

Within 48 hours after move-in, you must note on this form all defects, damage, or safety or pest-related concerns and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition. Please mark through items listed below or put "none" if the items don't exist. This form protects both you (the resident) and us (the owner). We'll use it in determining what should and should not be considered your responsibility upon move-out. You are entitled to a copy of this form after it is filled out and signed by you and us.

Move-In or Move-Out Condition (Check one)

Living Room

Walls _____

 Wallpaper _____
 Plugs, switches, A/C vents _____
 Woodwork/baseboards _____
 Ceiling _____
 Light fixtures, bulbs _____
 Floor/carpet _____

 Doors, stops, locks _____
 Windows, latches, screens _____
 Window coverings _____
 Closets, rods, shelves _____
 Closet lights, fixtures _____
 Lamps, bulbs _____
 Water Stains or mold on walls, ceilings or baseboards _____
 Other _____

Kitchen

Walls _____

 Wallpaper _____
 Plugs, switches, A/C vents _____
 Woodwork/baseboards _____
 Ceiling _____
 Light fixtures, bulbs _____
 Floor/carpet _____

 Doors, stops, locks _____
 Windows, latches, screens _____
 Window coverings _____
 Cabinets, drawers, handles _____
 Countertops _____
 Stove/oven, trays, pans, shelves _____
 Vent hood _____
 Refrigerator, trays, shelves _____
 Refrigerator light, crisper _____
 Dishwasher, dispensers, racks _____
 Sink/disposal _____
 Microwave _____
 Plumbing leaks, water stains or mold on walls, ceilings or baseboards _____

 Other _____

General Items

Thermostat _____
 Cable TV or master antenna _____
 A/C filter _____
 Washer/dryer _____
 Garage door _____
 Ceiling fans _____
 Exterior doors, screens/screen doors, doorbell _____

 Fireplace _____
 Other _____

Dining Room

Walls _____

 Wallpaper _____
 Plugs, switches, A/C vents _____
 Woodwork/baseboards _____
 Ceiling _____
 Light fixtures, bulbs _____
 Floor/carpet _____

 Doors, stops, locks _____
 Windows, latches, screens _____
 Window coverings _____
 Closets, rods, shelves _____
 Closet lights, fixtures _____
 Water stains or mold on walls, ceilings or baseboards _____
 Other _____

Hall

Walls _____

 Wallpaper _____
 Plugs, switches, A/C vents _____
 Woodwork/baseboards _____
 Ceiling _____
 Light fixtures, bulbs _____
 Floor/carpet _____

 Doors, stops, locks _____
 Closets, rods, shelves _____
 Closet lights, fixtures _____
 Water stains or mold on walls, ceilings or baseboards _____
 Other _____

Exterior (if applicable)

Patio/yard _____
 Fences/gates _____
 Faucets _____
 Balconies _____
 Other _____

Bedroom (describe which one):

Walls _____
 Wallpaper _____
 Plugs, switches, A/C vents _____
 Woodwork/baseboards _____
 Ceiling _____
 Light Fixtures, bulbs _____
 Floor/carpet _____

 Doors, stops, locks _____
 Windows, latches, screens _____
 Window coverings _____
 Closets, rods, shelves _____
 Closet lights, fixtures _____
 Water stains or mold on walls, ceilings or baseboards _____

 Other _____

Bedroom (describe which one): _____
Walls _____

Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____

Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Closets, rods, shelves _____
Closet lights, fixtures _____
Water stains or mold on walls, ceilings or baseboards _____

Other _____

Bath (describe which one): _____
Walls _____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Exhaust fan/heater _____
Floor/carpet _____

Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Sink, faucet, handles, stopper _____
Countertops _____
Mirror _____
Cabinets, drawers, handles _____
Toilet, paper holder _____
Bathtub, enclosure, stopper _____
Shower, doors, rods _____
Tile _____
Plumbing leaks, water stains or mold on walls, ceilings or baseboards _____

Other _____

Half Bath
Walls _____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Exhaust fan/heater _____
Floor/carpet _____

Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Sink, faucet, handles, stopper _____
Countertops _____
Mirror _____
Cabinets, drawers, handles _____
Toilet, paper holder _____
Bathtub, enclosure, stopper _____
Shower, doors, rods _____
Tile _____
Plumbing leaks, water stains or mold on walls, ceilings or baseboards _____

Other _____

Bedroom (describe which one): _____
Walls _____

Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____

Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Closets, rods, shelves _____
Closet lights, fixtures _____
Water stains or mold on walls, ceilings or baseboards _____

Other _____

Bath (describe which one): _____
Walls _____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Exhaust fan/heater _____
Floor/carpet _____

Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Sink, faucet, handles, stopper _____
Countertops _____
Mirror _____
Cabinets, drawers, handles _____
Toilet, paper holder _____
Bathtub, enclosure, stopper _____
Shower, doors, rods _____
Tile _____
Plumbing leaks, water stains or mold on walls, ceilings or baseboards _____

Other _____

Safety or Pest-Related Items (Put "none" if item does not exist)
Door knob locks _____
Keyed deadbolt locks _____
Keyless deadbolts _____
Keyless bolting devices _____
Sliding door latches _____
Sliding door security bars _____
Sliding door pin locks _____
Doorviewers _____
Window latches _____
Porch and patio lights _____
Smoke alarms (push button to test) _____
Other detectors _____
Alarm system _____
Fire extinguishers (look at charge level—BUT DON'T TEST!) _____
Garage door opener _____
Gate access card(s) _____
Other _____

Pest-related concerns _____

Date of Move-In: _____
or Date of Move-Out: _____

Acknowledgment. You acknowledge that you have inspected and tested all of the safety-related items (if in the dwelling) and that they are working, except as noted above. All items will be assumed to be in good condition unless otherwise noted on this form. You acknowledge receiving written operating instructions on the alarm system and gate access entry systems (if there are any). You acknowledge testing the smoke alarms and any other detector(s) and verify they are operating correctly. You acknowledge that you and our representative have inspected the dwelling and that no signs of bedbugs or other pests are present.

In signing below, you accept this inventory as part of the Lease Contract and agree that it accurately reflects the condition of the premises for purposes of determining any refund due to you when you move out and for bringing to our attention any safety or pest-related concerns.

Resident or Resident's Agent: _____

Date of Signing: _____

Owner or Owner's Representative: _____

Date of Signing: _____