



Inventory and Condition Form

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

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 _____

Halls

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 _____
 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 bed bugs 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: _____
Owner or Owner's Representative: _____

Date of Signing: _____
Date of Signing: _____