

MOVE-IN CONDITION REPORT

THIS FORM MUST BE RETURNED TO MANAGEMENT WITHIN TEN DAYS AFTER MOVE-IN. PLEASE BE SPECIFIC IN DESCRIBING THE CONDITION OF ALL ITEMS. PLEASE INCLUDE NEW PHONE NUMBER.

Property address _____
Tenant(s) _____
Phone #'s _____
Move In Date _____ Property Owner: _____

IF YOU DO NOT HAVE AN ITEM WHICH IS LISTED OR IF IT IS NOT APPLICABLE, WRITE "NONE" OR N/A (NOT APPLICABLE)

OUTSIDE (FRONT)

House/Unit # on bldg. Yes or No Mailbox: Location _____ Mailbox # _____ Keyed Yes or No
Pole secure Yes or No Box secure Yes or No Condition _____ Latch secure Yes or No Flag(present Yes or No
Fencing: Type _____ Condition _____ Gate? _____ Condition _____
Landscaping: Trees # _____ Condition _____ Plants/flower beds: Yes or No Condition _____
Lawn: Yes or No Condition _____
Sprinklers: Auto or Manual # of Hose bibs _____ Overall condition _____
Driveway: Concrete _____ Asphalt _____ Dirt _____ Overall condition _____
Stucco condition: Holes? _____ Cracks? _____ Peeling? _____ Discoloration? _____ Nails/Screws/Hooks (Circle)
Trim: Holes? _____ Cracks? _____ Peeling? _____ Discoloration? _____ Nails/Screws/Hooks (Circle)
Porch: Yes or No Covered _____ Posts _____ Cement Floor _____ Condition _____
Outside lights: How many? _____ Globes _____ Bulbs _____ Condition _____
Outside outlet: Yes or No Covered? Yes or No Doorbell: Yes or No Button: Yes or No Works: Yes or No
Front door: Painted/Varnish (Circle one) Holes _____ Dents _____ Scratches _____ Threshold _____
Door Casing/Jamb condition _____ Screen/Security door: Yes or No Condition _____

NOTES: _____

OUTSIDE (BACK)

Fencing: Type _____ Condition _____ Gate? _____ Condition _____
Landscaping: Trees # _____ Condition _____ Plants/flower beds: Yes or No
Condition _____ Lawn: Yes or No Condition _____
Sprinklers: Auto/Manual (Circle) # of Hose bibs _____ Overall condition _____
Driveway: Concrete _____ Asphalt _____ Dirt _____ Overall condition _____
Stucco condition: Holes _____ Cracks _____ Peeling _____ Discoloration _____ Nails/Screws/Hooks (Circle)
Trim: Holes _____ Cracks _____ Peeling _____ Discoloration _____ Nails/Screws/Hooks (Circle)
Patio: Yes or No Covered _____ Posts _____ Cement Floor _____ Condition _____
Outside lights: How many _____ Globes _____ Bulbs _____ Condition _____
Outside outlet: Yes or No Covered? Yes or No Condition _____
Back door: Paint/Varnish (Circle) Holes _____ Dents _____ Scratches _____ Threshold _____
Casing condition _____ Jamb condition _____ Screen/Security door: Yes or No
Condition _____

NOTES: _____

INTERIOR

ENTRY: FRONT DOOR: Locks: Entry Yes or No Deadbolt Yes or No Paint/Varnish on door (circle one)
Condition _____ Holes _____ Dents _____ Scratches _____ Door stop _____
Knob _____ Jamb _____ Casing _____ Threshold condition _____
Paint on walls: Color _____ condition _____
Baseboards _____ Switch plate/outlet _____ Nail Holes _____ Anchors _____
Ceiling _____ Walls _____
Flooring: Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Windows # _____ Locks _____ Screens _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Entry light: Location Wall _____ Ceiling _____ Globe _____ Bulb _____
Entry closet: Yes or No Door _____ Walls _____ Rod/shelf _____
Light: Yes or No Bulb _____ Closet floor covering _____ condition _____
CHECK ALL OUTLETS: _____
NOTES: _____

LIVING ROOM: Paint on walls: Color _____ Condition _____
Door _____ Knob _____ Jamb _____ Casing _____ Stops _____
Baseboards _____ Walls _____ Ceiling _____
Flooring: Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ Anchors _____ Windows # _____ Window glass _____ Locks _____ Screens # _____
Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition _____
Phone jack? _____ Cover Yes or No Outlets: # _____ Covers? Yes or No Switches: # _____ Covers? Yes or No
TV Outlets # _____ Cover Yes or No
Closet/cabinet: Yes or No Door _____ Closet guides Yes or No Jamb _____ Casing _____
Walls _____ Shelves _____ Clothes rod _____ Floor _____ Light fixture Yes or No Bulb _____
Glass/Mirror _____
Fireplace _____ Screen _____ Grate _____ Tools Yes or No Gas Key Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

FAMILY ROOM: Paint on walls: Color _____ Condition _____
Door _____ Knob _____ Jamb _____ Casing _____ Stops _____
Baseboards _____ Walls _____ Ceiling _____
Flooring: Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ Anchors _____ Windows # _____ Window glass _____ Locks _____
Screens # _____ Frames _____ Mesh _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition _____
Phone jack? _____ Cover Yes or No Outlets: # _____ Covers? Yes or No Switches: # _____ Covers? Yes or No
TV Outlets # _____ Cover Yes or No TV Cable/Wire Yes or No
Closet/cabinet (circle): Yes or No Door _____ Closet Guides Yes or No Jamb _____
Casing _____ Walls _____ Shelves _____ Clothes rod _____ Floor _____
Light fixture Yes or No Bulb _____ Glass/Mirror _____
Fireplace _____ Screen _____ Grate _____ Tools Yes or No Gas Key Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

HALLWAY: Paint on walls: Color _____ Condition _____
Door _____ Knob _____ Jamb _____ Casing _____ Stops _____

Baseboards _____ **Walls** _____ **Ceiling** _____
Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows** _____ Window glass _____ Locks _____
Screens # _____ Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition _____
Outlets: # _____ Covers? Yes or No **Switches**: # _____ Covers? Yes or No
Closet/cabinet:: Yes or No Door _____ Guides Yes or No Jamb _____ Casing _____
Walls _____ Shelves _____ Clothes rod _____ Floor _____ Light Yes or No Bulb _____
Smoke alarm: Yes or No Battery _____ Electric _____ Works: Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

EXTRA ROOM: **Paint on wall**: Color _____ Condition _____
Door _____ Knob _____ Jamb _____ Casing _____
Stops _____ **Baseboards** _____ **Walls** _____ **Ceiling** _____
Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows** # _____ Window glass _____ Locks _____ Screens # _____
Frames _____ Mesh _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Phone jack? _____ Cover Yes or No
Outlets: # _____ Covers? Yes or No **Switches**: # _____ Covers? Yes or No **TV Outlets** # _____ Cover Yes or No
Closet/cabinet: Yes or No Door _____ Closet guides Yes or No Jamb _____
Casing _____ Walls _____ Shelves _____ Clothes rod _____ Floor _____
Light Yes or No Bulb _____ **Fireplace** Yes or No Screen Yes or No Grate Yes or No Tools Yes or No Gas Key Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

MASTER BEDROOM: **Paint on wall**: Color _____ Condition _____
Door _____ Locks: _____ Knob _____ Jamb _____ Casing _____
Stops _____ **Baseboards** _____ **Walls** _____ **Ceiling** _____
Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows** # _____ Window glass _____ Locks _____ Screens # _____
Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition: _____
Phone jack? _____ Cover Yes or No **Outlets**: # _____ Covers? Yes or No **Switches**: # _____ Covers? Yes or No
TV Outlets # _____ Cover Yes or No **Closet/cabinet**: (Circle one) Door _____ Closet guides Yes or No
Knobs _____ Jamb _____ Casing _____ Walls _____ Shelves _____
Clothes rod _____ Floor _____ Light fixture Yes or No Bulb _____ Glass/Mirror _____
TV Cable/Wires Yes or No **Smoke Alarm**: Yes or No Battery _____ Electric _____ Works: Yes or No
Fireplace Yes or No Screen Yes or No Grate Yes or No Tools Yes or No Gas Key Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

MASTER BATHROOM: **Paint on walls**: Color _____ Condition _____
Door _____ Locks _____ Knob _____ Jamb _____ Casing _____
Stops _____ **Baseboards** _____ **Walls** _____ **Ceiling** _____
Nail Holes _____ **Anchors** _____

Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Windows # _____ Window glass _____ Locks _____ Screens # _____ Frames _____
 Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Globe _____ Bulb _____ Condition _____
Outlets: # _____ Covers? Yes or No Condition _____ **Switches**: # _____ Covers? Yes or No
Closet/cabinet (Circle) Door _____ Closet guides Yes or No Knobs _____ Jamb _____
 Casing _____ Walls _____ Shelves _____ Clothes rod _____ Floor _____
 Light fixture Yes or No Bulb _____ Glass/Mirror _____
Tub/shower _____ Showerhead _____ Stopper _____ Diverter _____
 Faucet _____ Shower doors _____ Rod _____
Toilet _____ Seat _____ Toilet tissue holder _____
Basin _____ Faucet _____ Stopper _____ Aerator Good/bad
Under-sink plumbing _____ **Counter top** _____
Towel holder _____ **Medicine cabinet** _____
 Vinyl under sink Yes/No Exhaust fan Yes/No Condition _____
CHECK ALL OUTLETS: _____
NOTES: _____

BEDROOM #2: Paint on walls: Color _____ Condition _____
 Door _____ Locks _____ Knob _____ Jamb _____ Casing _____
Stops _____ **Baseboards** _____ **Walls** _____ **Ceiling** _____
Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows #** _____ Window glass _____ Locks _____
 Screens # _____ Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition: _____
Phone jack? _____ Cover Yes or No **Outlets**: # _____ Covers? Yes or No Condition _____
Switches: # _____ Covers? Yes or No **TV Outlets #** _____ Cover Yes or No **TV/Cable Wire** Yes or No
Closet/cabinet (Circle) Door _____ Closet guides Yes or No Knobs _____ Stops _____
 Jamb _____ Casing _____ Walls _____ Shelves _____ Clothes rod _____
 Floor _____ Light fixture Yes or No Bulb _____ Glass/Mirror _____
Smoke Alarm: Yes or No Battery _____ Electric _____ Works: Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

BEDROOM #3: Paint on walls: Color _____ Condition _____
 Door _____ Locks _____ Knob _____ Jamb _____ Casing _____
Stops _____ **Baseboards** _____ **Walls** _____ **Ceiling** _____
Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows #** _____ Window glass _____ Locks _____ Screens # _____
 Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition: _____
Phone jack? _____ Cover Yes or No **Outlets**: # _____ Covers? Yes or No Condition _____
Switches: # _____ Covers? Yes or No **TV Outlets #** _____ Cover Yes or No **TV/Cable Wire** Yes or No
Closet/cabinet (Circle) Door _____ Closet guides Yes or No Knobs _____ Stops _____
 Jamb _____ Casing _____ Walls _____ Shelves _____
 Clothes rod _____ Floor _____ Light fixture Yes or No Bulb _____ Glass/Mirror _____
Smoke Alarm: Yes or No Battery _____ Electric _____ Works: Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

BEDROOM #4: Paint on walls: _____ Condition _____
 Door _____ Knob _____ Jamb _____ Casing _____ **Stops** _____
Baseboards _____ **Walls** _____ **Ceiling** _____
Flooring : Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows #** _____ Window glass _____ Locks _____
 Screens # _____ Frames _____ Sills/Tracks _____ Rods _____ Pulls _____

Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Condition: _____
Phone jack? _____ Cover Yes or No **Outlets:** # _____ Covers? Yes or No Condition _____
Switches: # _____ Covers? Yes or No **TV Outlets** # _____ Cover Yes or No **TV/Cable Wire** Yes or No
Closet/cabinet (Circle) Door _____ Closet guides Yes or No Jamb _____
 Casing _____ Walls _____ Shelves _____ Clothes rod _____ Floor _____
 Light fixture Yes or No Bulb _____ Glass/Mirror _____
Smoke Alarm: Yes or No Battery _____ Electric _____ Works: Yes or No
CHECK ALL OUTLETS: _____
NOTES: _____

BATHROOM #2: Paint on walls: Color _____ Condition: _____
 Door _____ Knob _____ Jamb _____ Casing _____ Locks _____ Stops _____
Baseboards _____ **Walls** _____ **Ceiling** _____ **Nail Holes** _____
Anchors _____ **Flooring:** Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Windows # _____ Window glass _____ Locks _____ Screens # _____ Frames _____
 Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Globe _____ Bulb _____ Condition _____
Outlets: # _____ Covers? Yes or No Condition _____ **Switches:** # _____ Covers? Yes or No
Closet/cabinet (Circle) Door _____ Closet guides Yes or No Knobs _____ Stops _____
 Jamb _____ Casing _____ Walls _____ Shelves _____ Clothes rod _____
 Floor _____ Light fixture Yes or No Bulb _____ Glass/Mirror _____
Tub/shower _____ Showerhead _____ Stopper _____ Diverter _____
 Faucet _____ Shower doors _____ Rod _____
Toilet _____ Seat _____ Toilet tissue holder _____
Basin _____ Faucet _____ Stopper _____ Aerator Good/bad
Under-sink plumbing _____ **Counter top** _____
Towel holder _____ **Medicine cabinet** _____
Vinyl under sink Yes/No **Exhaust fan** Yes/No Condition _____
CHECK ALL OUTLETS: _____
NOTES: _____

BATHROOM #3: Paint on wall: Color _____ Condition _____
 Door _____ Knob _____ Jamb _____ Casing _____ Locks _____
Stops _____ **Baseboards** _____ **Walls** _____ **Ceiling** _____ **Nail Holes** _____
Anchors _____ **Flooring:** Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Windows # _____ Window glass _____ Locks _____ Screens # _____ Frames _____
 Sills/Tracks _____ Rods _____ Pulls _____ **Window coverings:** Horizontal _____
 Vertical _____ Drapes _____ Condition _____ **Light fixture:** Wall _____ Ceiling _____ Globe _____
 Bulb _____ Condition _____ **Outlets:** # _____ Covers? Yes or No Condition _____
Switches: # _____ Covers? Yes or No **Closet/cabinet (Circle)** Door _____ Closet guides Yes or No
 Knobs _____ Stops _____ Jamb _____ Casing _____ Walls _____ Shelves _____
 Clothes rod _____ Floor _____ Light fixture Yes or No Bulb _____ Glass/Mirror _____
Tub/shower _____ Showerhead _____ Stopper _____ Diverter _____
 Faucet _____ Shower doors _____ Rod _____
Toilet _____ Seat _____ Toilet tissue holder _____
Basin _____ Faucet _____ Stopper _____ Aerator Good/bad
Under-sink plumbing _____ **Counter top** _____
Towel holder _____ **Medicine cabinet** _____
Vinyl under sink Yes/No **Exhaust fan** Yes/No Condition _____
CHECK ALL OUTLETS: _____
NOTES: _____

DINING ROOM: Paint on wall: _____ Condition _____
 Door _____ Knob _____ Jamb _____ Casing _____ Stops _____
Baseboards _____ **Walls** _____ **Ceiling** _____
Flooring: Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
Nail Holes _____ **Anchors** _____ **Windows #** _____ Window glass _____ Locks _____
 Screens # _____ Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ **Outlets:** # _____ Covers? Yes or No

Condition _____ **Switches:** # _____ Covers? Yes or No **TV/Cable Wire** Yes or No
Closet/cabinet (Circle) Door _____ Closet guides Yes or No Knobs _____ Stops _____
 Jamb _____ Casing _____ Walls _____ Shelves _____
 Clothes rod _____ Floor _____ Light Yes or No Bulb _____ Glass/Mirror _____
CHECK ALL OUTLETS: _____
NOTES: _____

KITCHEN: Paint on walls: _____ Condition _____
 Door _____ Knob _____ Jamb _____ Casing _____ Locks _____
 Stops _____ Baseboards _____ Walls _____ Ceiling _____
 Flooring: Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
 Nail Holes _____ Anchors _____ Windows # _____ Window glass _____ Locks _____
 Screens # _____ Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
 Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
 Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Phone jack? _____ Cover Yes or No
 Outlets: # _____ Covers? Yes or No Condition _____ Switches: # _____ Covers? Yes or No
 Closet/cabinet: Yes or No Door _____ Closet Guides Yes or No Knob _____ Jamb _____
 Casing _____ Shelves _____ Rod _____ Floor _____ Light _____
 Glass/Mirror _____ Child Protection Locks _____ Drawers # _____ Knobs _____
 Sink _____ Faucet _____ Aerator Good/Bad Garbage Disposal _____
 Plumbing under sink _____ Counter top _____ Tile _____
 Bread board: Yes or No Child protection locks: Yes or No Eating bar _____ Lighting _____
 Vinyl under sink Yes/No
CHECK ALL OUTLETS: _____
NOTES: _____

KITCHEN APPLIANCES: **OVEN/RANGE:** Type Gas or Electric Make _____ Color _____
 Clean Yes or No 4 burner grates? Yes or No **Burners/reflectors:** _____ 5 knobs? Yes or No
 2 oven racks? Yes or No Complete broiler pans Yes or No Oven door glass _____ Timer Yes or No
 Hood _____ Fan _____ Light _____ Filter _____ Filter Cover Yes or No
DISHWASHER: Yes or No Make _____ Color _____ Silverware container? Yes or No
 Clean Yes or No 2 racks? Yes or No Any rust? _____ Location _____
MICROWAVE: Yes or No Make _____ Clean Yes or No Controls _____ Turntable Yes or No
 Shelf Yes or No
REFRIGERATOR: Yes or No Clean Yes or No Shelves # _____ Bins _____
NOTES: _____

LAUNDRY ROOM: LOCATION: _____
 Paint on walls: _____ Condition _____
 Door _____ Knob _____ Jamb _____ Casing _____ Locks _____ Stops _____
 Baseboards _____ Walls _____ Ceiling _____
 Flooring: Tile _____ Vinyl _____ Wood _____ Carpet _____ Condition _____
 Nail Holes _____ Anchors _____ Windows _____ Window glass _____ Locks _____
 Screens # _____ Frames _____ Sills/Tracks _____ Rods _____ Pulls _____
 Window coverings: Horizontal _____ Vertical _____ Drapes _____ Condition _____
 Light fixture: Wall _____ Ceiling _____ Fan _____ Globe _____ Bulb _____ Outlets: # _____ Covers? Yes or No
 Switches: # _____ Covers? Yes or No **Closet/cabinet (Circle)** Door/Drawers # _____ Closet Guides Yes or No

