

CONDITION INSPECTION REPORT



TENANT(S)	PREMISES		
MOVE- IN DATE	MOVE-IN PHOTOS	Y OR N	MOVE-IN VIDEO Y OR N
MOVE-OUT DATE	MOVE-OUT PHOTOS	Y OR N	MOVE-OUT VIDEO Y OR N

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains or damages, unless otherwise noted below in the "Move In Condition" box. If indicated above, the condition of the premises has been fully documented, dated, witnessed and verified on video tape and photographs.

AREA OR ITEM	CONDITION AT MOVE- IN	CONDITION AFTER MOVE- OUT	CHARGES
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LIVING ROOM, DINING & HALLS			
Walls/Ceiling.....	_____	_____	_____
Floor/Carpet.....	_____	_____	_____
Closets/Doors/Locks.....	_____	_____	_____
Lights/Mirrors.....	_____	_____	_____
Window Treatments.....	_____	_____	_____
Windows/Screens.....	_____	_____	_____
Fireplace(s).....	_____	_____	_____

KITCHEN			
Walls/Ceiling/Floor.....	_____	_____	_____
Countertops/Tile.....	_____	_____	_____
Cabinets/Closets.....	_____	_____	_____
Oven/Stove.....	_____	_____	_____
Hood/Fan/Lights.....	_____	_____	_____
Refrigerator.....	_____	_____	_____
Dishwasher.....	_____	_____	_____
Sink/Faucet/Disposal.....	_____	_____	_____
Windows/doors/screens.....	_____	_____	_____

BEDROOMS (Specify BR # 1- 3)			
Walls/Ceiling.....	_____	_____	_____
Floor/Carpet.....	_____	_____	_____
Lights/Mirrors.....	_____	_____	_____
Window Treatments.....	_____	_____	_____
Windows/Screens.....	_____	_____	_____
Closets/Doors/Shelves.....	_____	_____	_____

BATHROOMS (Specify # 1-2)			
Walls/Ceiling.....	_____	_____	_____
Floor.....	_____	_____	_____
Cabinets/ Mirrors.....	_____	_____	_____
Sink(s).....	_____	_____	_____
Tub/Shower.....	_____	_____	_____
Tiles/Grout.....	_____	_____	_____
Lights/Vent/Fan.....	_____	_____	_____
Toilets.....	_____	_____	_____
Windows/Doors.....	_____	_____	_____
Towel Bars/Accessories.....	_____	_____	_____

WASHER/DRYER.....	_____	_____	_____
HEATING/AIR CONDITIONING.....	_____	_____	_____
BALCONY/DECK/PATIO.....	_____	_____	_____
GARAGE(S)/STORAGE.....	_____	_____	_____
GARAGE DOOR(S).....	_____	_____	_____
PARKING AREA.....	_____	_____	_____
GARDEN/PLANTS/GRASS.....	_____	_____	_____
SMOKE DETECTOR.....	_____	_____	_____
NUMBER OF KEYS (SETS).....	_____	_____	_____
FENCES/GATES.....	_____	_____	_____

MOVE -IN COMMENTS	_____
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Tenant has inspected the above premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Tenant acknowledges this report as part of the lease with the Owner for the above premises. Tenant agrees to return the premises in like condition upon termination of tenancy, normal wear and tear excepted.

Tenant	Date	Tenant	Date
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