

# Condition of Rental Property Checklist

Instructions: Tenant(s) complete(s) this checklist within three days of moving in and tenant(s) and landlord or manager review property and completed checklist together and mutually agree on the condition of the property upon move-in by signing this form. Each party keeps a copy of signed checklist. Tenant(s) and landlord or manager uses the move-in checklist during the pre-move out inspection and again when determining if any of the tenant's deposit will be retained for cleaning or repairs after move-out. BE SPECIFIC and DETAILED when filling out the checklist.

Property Address \_\_\_\_\_

Landlord/Manager Name (Print) \_\_\_\_\_

Tenant Name (Print) \_\_\_\_\_

Tenant Name (Print) \_\_\_\_\_

Tenant Name (Print) \_\_\_\_\_

Tenant Name (Print) \_\_\_\_\_

Tenant Name (Print) \_\_\_\_\_

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
<b>LIVING ROOM</b>		
Floor & Floor Covering		
Walls & Ceiling		
Door(s)		
Door Lock(s) & Hardware		
Lighting Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Smoke Alarm		
Carbon Monoxide Alarm		
Fireplace		
<b>KITCHEN</b>		
Floor & Floor Coverings		
Walls & Ceiling		
Door(s)		
Door Lock(s) and Hardware		
Window(s) & Screen(s)		
Window Covering(s)		
Light Fixture(s)		
Cabinets		
Counters		
Stove/Oven/Range Hood		
Refrigerator		
Dishwasher		
Sink(s) & Plumbing		
Garbage Disposal		
Fire Extinguisher		
Other		

## CONDITION OF RENTAL PROPERTY CHECKLIST

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
<b>DINING ROOM</b>		
Floor & Floor Covering(s)		
Walls & Ceiling		
Light Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Other		
<b>BATHROOM #1</b>		
Floors & Floor Covering(s)		
Walls & Ceilings		
Counters & Surfaces		
Window(s) & Screen(s)		
Window Covering(s)		
Sink & Plumbing		
Bathtub/Shower		
Toilet		
Light Fixture(s)		
Door(s)		
Door Lock(s) & Hardware(s)		
Other		
<b>BATHROOM #2</b>		
Floor & Floor Covering(s)		
Walls & Ceiling		
Counters & Surfaces		
Window(s) & Screen(s)		
Window Covering(s)		
Sink & Plumbing		
Bathtub/Shower		
Toilet		
Light Fixture(s)		
Door(s)		
Door Lock(s) & Hardware(s)		
Other		

## CONDITION OF RENTAL PROPERTY CHECKLIST

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
<b>BEDROOM #1</b>		
Floor & Floor Covering(s)		
Walls & Ceiling		
Window(s) & Screen(s)		
Window Covering(s)		
Closet(s), including Doors & Tracks		
Lighting Fixture(s)		
Smoke Alarm		
Carbon Monoxide Alarm		
Door(s)		
Door Lock(s) & Hardware		
<b>BEDROOM #2</b>		
Floor & Floor Covering(s)		
Walls & Ceiling		
Window(s) & Screen(s)		
Window Covering(s)		
Closet, including Doors & Tracks		
Lighting Fixtures		
Smoke Alarm		
Carbon Monoxide Alarm		
Door(s)		
Door Lock(s) & Hardware		
<b>BEDROOM #3</b>		
Floor & Floor Covering(s)		
Walls & Ceiling		
Window(s) & Screen(s)		
Window Covering(s)		
Closet, including Doors & Tracks		
Lighting Fixtures		
Smoke Alarm		
Carbon Monoxide Alarm		
Door(s)		
Door Lock(s) & Hardware		
<b>HALL</b>		
Smoke Alarm		
Carbon Monoxide Alarm		

## CONDITION OF RENTAL PROPERTY CHECKLIST

ITEM	CONDITION ON ARRIVAL	CONDITION ON DEPARTURE
<b>OTHER</b>		
Heating System		
Air Conditioning		
Stair(s)		
Hallway(s)		
Lawn(s) & Garden(s)		
Patio, Terrace, Deck, etc		
Parking Area(s)		
Other		
Other		
Other		
Other		
# of Keys Received:		

Tenants acknowledge that all smoke alarms, carbon monoxide alarms, and fire extinguishers were tested in their presence and found to be in working order, and that the testing procedure was explained to them. Tenants agree to test all detectors at least once a month and to report any problems to Landlord/Manager in writing.

Comments: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_  
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MOVE-IN INSPECTION DATE: \_\_\_\_\_

MOVE-OUT INSPECTION DATE: \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_

Owner/Agent Signature \_\_\_\_\_

Tenant Signature \_\_\_\_\_

Tenant Signature \_\_\_\_\_

Tenant Signature \_\_\_\_\_

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Tenant Signature \_\_\_\_\_