

STATEMENT OF CONDITION CHECKLIST

Instructions: The apartment should be inspected in person with both Resident and representative of Managing Agent present and **this form should be completed and signed within three (3) days of moving in.** If there is damage it should be described in the box following the item description and/or comments section. If applicable, a photo of the damage should be taken and attached to this checklist. If there is no damage, please indicate so by writing in "NA" or include a check mark. Resident and representative of Managing Agent should mutually agree upon the condition of the property upon move in by signing this form. Each party keeps a copy of this signed checklist. Representative of Managing Agent will then inspect the property again upon move out. This form may be used to determine if any of the Resident's deposit will be withheld for repairs or maintenance after move out, so please be specific and detailed when filling out the checklist.

Property Address:

Resident Name:

Apartment Number:

Managing Agent Rep Name:

ITEM	CONDITION ON MOVE IN	CONDITION ON MOVE OUT
LIVING ROOM		
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		
KITCHEN		
Floor & Floor Coverings		
Walls & Ceiling		
Door(s)		

Door Lock(s) and Hardware		
Window(s) & Screen(s)		
Window Covering(s)		
Light Fixture(s)		
Cabinets/Inside Drawers		
Counters		
Stove/Burners,Controls		
Oven/Range Hood Inside, Outside, Fan		
Refrigerator		
Dishwasher		
Sink(s) & Plumbing		
Garbage Disposal		
Fire Extinguisher		
DINING ROOM (If Applicable)		
Floor & Floor Covering(s)		
Walls & Celing		
Light Fixture(s)		
Window(s) & Screen(s)		
Window Covering(s)		
Other		
BATHROOM #1		
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)		
Inside Drawers		
BATHROOM #2 (If Applicable)		
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)		
Inside Drawers		
BEDROOM #1		
Floor & Floor Covering(s)		
Walls & Ceiling		
Window(s) & Screen(s)		
Window Covering(s)		
Closet(s), including Doors & Tracks		
Lighting Fixture(s)		
Smoke Alarm		
Door(s)		
Door Lock(s) & Hardware		
BEDROOM #2 (If Applicable)		
Floor & Floor Covering(s)		
Walls & Ceiling		
Window(s) & Screen(s)		

Window Covering(s)		
Closet, including Doors & Tracks		
Lighting Fixtures		
Smoke Alarm		
Door(s)		
Door Lock(s) & Hardware		
BEDROOM #3 (If Applicable)		
Floor & Floor Covering(s)		
Walls & Ceiling		
Window(s) & Screen(s)		
Window Covering(s)		
Closet, including Doors & Tracks		
Lighting Fixtures		
Smoke Alarm		
Door(s)		
Door Lock(s) & Hardware		
HALLWAY (If Applicable)		
Smoke Alarm		
Carbon Monoxide Alarm		
OTHER (If Applicable)		
Heating System		
Air Conditioning		
Stair(s)		
Hallway(s)		
Lawn(s) & Garden(s)		
Patio, Terrace, Deck, etc		
Parking Area(s)		
Front/Back Porch		
Other		
Other		

Other				
# of Keys Received:	Door	Laundry	Mailbox	
<p>Residents 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 Management Team.</p>				
<p>Comments:</p>				

PLEASE ATTACH PHOTOS OF ANY DAMAGE AND DATE IF APPLICABLE

ACKNOWLEDGEMENTS

MOVE IN

Resident Signature: **Date:**

Managing Agent Signature: **Date:**

MOVE OUT

Resident Signature:

Date:

Managing Agent Signature:

Date: