

Property Inventory & Condition Report Work Sheet

Address _____

Apt. # _____

Move-in Condition Date: _____

Move-out Condition Date: _____

Condition of walls (holes, marks, stains, hooks/nails)

Move In

Move Out

Condition of floors/carpets (stains, burns, holes, snags, worn)

Move In

Move Out

Carpet shampooed? Yes No Yes No

Condition of ceilings (stains, holes, cracked plaster, other damage)

Move In

Move Out

Condition of windows (dirty, missing locks or storm windows, broken glass or frames)

Move In

Move Out

Property Inventory & Condition Report Work Sheet (Cont.)

Smoke Detectors (Note battery condition)

	Move In		Move Out	
Unit 1 Tested & Works	__ Yes	__ No	__ Yes	__ No
Unit 2 Tested & Works	__ Yes	__ No	__ Yes	__ No
Unit 3 Tested & Works	__ Yes	__ No	__ Yes	__ No

Carbon Monoxide Detectors (Note battery condition)

	Move In		Move Out	
Unit 1 Tested & Works	__ Yes	__ No	__ Yes	__ No
Unit 2 Tested & Works	__ Yes	__ No	__ Yes	__ No
Unit 3 Tested & Works	__ Yes	__ No	__ Yes	__ No
Fire Extinguisher	__ Yes	__ No	__ Yes	__ No
Fully charged	__ Yes	__ No	__ Yes	__ No

Appliances/Fixtures (dirty, damaged, inoperable, missing or has missing parts)

	Move In	Move Out
Refrigerator	_____	_____
Oven/Range	_____	_____
Garbage disposal	_____	_____
Microwave	_____	_____
Washer/Dryer	_____	_____
Kitchen counters	_____	_____
Kitchen cabinets	_____	_____
Kitchen sink	_____	_____
Dishwasher	_____	_____

Renting a Home: Verifying the Condition of the Rental Unit

Property Inventory & Condition Report Work Sheet (Cont.)

	Move In	Move Out
Kitchen exhaust fan		
Bathroom fan		
Bathroom sink		
Toilet		
Tub/Shower		
Air conditioner		
Light fixtures		
# of Light bulbs		
#Mirrors		
#Chain locks		
#Towel bars		

Furniture Inventory: Indicate how many of each:

	Move In	Move Out
Sofa		
Living room chairs		
Coffee or end tables		
Dining Table		
Dining Chairs		
Beds		
Dressers		
Desks		
Desk Chairs		
Drapes/Blinds		

Property Inventory & Condition Report Work Sheet (Cont.)

	Move In	Move Out
Lamps	_____	_____
Screens	_____	_____
Bookshelves	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____
Other:	_____	_____

List all damage to above furniture (scratches, burns, upholstery worn, missing parts, etc.):

Move In	Move Out
_____	_____
_____	_____
_____	_____
_____	_____

This is a true and complete report of the property inventory and condition. There are/are not additional pages attached to and are a part of this report.

Tenant Signature: _____ Date: _____

Landlord/Witness: _____ Date: _____

Renting a Home: Verifying the Condition of the Rental Unit