



**CONDITION INSPECTION REPORT**

Tenant(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Move In: \_\_\_\_\_

**REAL-TIME LEASING**  
EXPERTS IN PROPERTY MANAGEMENT

AREA	CONDITION		REPAIR CHARGES (if applicable)
	Move In	Move Out	
<b>Kitchen</b>			
Walls			
Ceiling			
Floor			
Refridgerator			
Stove/Oven			
Microwave			
Range Hood			
Sink			
Countertops			
Cabinets (in/out)			
Dishwasher			
Lights			
<b>Living Room/Dining Room</b>			
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Fireplace			
<b>Office/Den</b>			
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
<b>Bedroom #</b>			
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			

AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Bedroom #</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Bedroom #</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Bedroom #</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Bathroom #</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor			
Lights			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Sink			
Bathtub/Shower Surround			
Toilet			
Fixtures/Towel Accessories			
AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Bathroom #</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Floor			
Lights			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Sink			
Bathtub/Shower Surround			
Toilet			

Fixtures/Towel Accessories			
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AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Rec Room/Family Room</b>	<b>Move In</b>	<b>Move Out</b>	
Walls			
Ceiling			
Lights			
Ceiling Fans			
Closets/Mirrors			
Windows/Screens/Frames			
Doors/Locks			
Fireplace			
AREA	CONDITION		REPAIR CHARGES (if applicable)
<b>Furnace</b>	<b>Move In</b>	<b>Move Out</b>	
<b>Smoke Detectors/C02 Detectors (working# on site)</b>	<b>Move In</b>	<b>Move Out</b>	
<b>Storage Area(s)</b>	<b>Move In</b>	<b>Move Out</b>	

As of \_\_\_\_\_ The electric has been put in my name with \_\_\_\_\_.

As of \_\_\_\_\_ The gas has been put in my name with \_\_\_\_\_.

As of \_\_\_\_\_ The trash has been put in my name with \_\_\_\_\_.

As of \_\_\_\_\_ The water/sewer has been put in my name with \_\_\_\_\_.

*Tenant has inspected the above Premises within the 5 day grace period and accepts it with the conditions and/or exceptions noted above. Tenant acknowledges this report as part of the Lease with the Landlord for the above Premises. Tenant agrees to return the Premises in like condition upon termination of tenancy, normal wear and tear accepted.*

Tenant \_\_\_\_\_

Tenant \_\_\_\_\_

Tenant \_\_\_\_\_

Date \_\_\_\_\_