



Inventory and Condition Form

Resident's Name: Home #: Work #:
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Apartment Community Name: Apt.#
or Street Address (if house, duplex, etc.):

Within 48 hours after move-in, you must note on this form all defects, damage, or safety or pest-related concerns and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition. Please mark through items listed below or put "none" if the items don't exist. This form protects both you (the resident) and us (the owner). We'll use it in determining what should and should not be considered your responsibility upon move-out. You are entitled to a copy of this form after it is filled out and signed by you and us.

Move-In or Move-Out Condition (Check one)

Living Room

Walls
Wallpaper
Plugs, switches, A/C vents
Woodwork/baseboards
Ceiling
Light fixtures, bulbs
Floor/carpet
Doors, stops, locks
Windows, latches, screens
Window coverings
Closets, rods, shelves
Closet lights, fixtures
Lamps, bulbs
Water stains or mold on walls, ceilings or baseboards
Other

Dining Room

Walls
Wallpaper
Plugs, switches, A/C vents
Woodwork/baseboards
Ceiling
Light fixtures, bulbs
Floor/carpet
Doors, stops, locks
Windows, latches, screens
Window coverings
Closets, rods, shelves
Closet lights, fixtures
Water stains or mold on walls, ceilings or baseboards
Other

Kitchen

Walls
Wallpaper
Plugs, switches, A/C vents
Woodwork/baseboards
Ceiling
Light fixtures, bulbs
Floor/carpet
Doors, stops, locks
Windows, latches, screens
Window coverings
Cabinets, drawers, handles
Countertops
Stove/oven, trays, pans, shelves
Vent hood
Refrigerator, trays, shelves
Refrigerator light, crisper
Dishwasher, dispensers, racks
Sink/disposal
Microwave
Plumbing leaks, water stains or mold on walls, ceilings or baseboards
Other

Halls

Walls
Wallpaper
Plugs, switches, A/C vents
Woodwork/baseboards
Ceiling
Light fixtures, bulbs
Floor/carpet
Doors, stops, locks
Closets, rods, shelves
Closet lights, fixtures
Water stains or mold on walls, ceilings or baseboards
Other

Exterior (if applicable)

Patio/yard
Fences/gates
Faucets
Balconies
Other

Bedroom (describe which one):

Walls
Wallpaper
Plugs, switches, A/C vents
Woodwork/baseboards
Ceiling
Light fixtures, bulbs
Floor/carpet
Doors, stops, locks
Windows, latches, screens
Window coverings
Closets, rods, shelves
Closet lights, fixtures
Water stains or mold on walls, ceilings or baseboards
Other

General Items

Thermostat
Cable TV or master antenna
A/C filter
Washer/dryer
Garage door
Ceiling fans
Exterior doors, screens/screen doors, doorbell
Fireplace
Other

**Bedroom** (describe which one): \_\_\_\_\_  
 Walls \_\_\_\_\_  
 \_\_\_\_\_  
 Wallpaper \_\_\_\_\_  
 Plugs, switches, A/C vents \_\_\_\_\_  
 Woodwork/baseboards \_\_\_\_\_  
 Ceiling \_\_\_\_\_  
 Light fixtures, bulbs \_\_\_\_\_  
 Floor/carpet \_\_\_\_\_  
 \_\_\_\_\_  
 Doors, stops, locks \_\_\_\_\_  
 Windows, latches, screens \_\_\_\_\_  
 Window coverings \_\_\_\_\_  
 Closets, rods, shelves \_\_\_\_\_  
 Closet lights, fixtures \_\_\_\_\_  
 Water stains or mold on walls, ceilings or baseboards \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_

**Bath** (describe which one): \_\_\_\_\_  
 Walls \_\_\_\_\_  
 Wallpaper \_\_\_\_\_  
 Plugs, switches, A/C vents \_\_\_\_\_  
 Woodwork/baseboards \_\_\_\_\_  
 Ceiling \_\_\_\_\_  
 Light fixtures, bulbs \_\_\_\_\_  
 Exhaust fan/heater \_\_\_\_\_  
 Floor/carpet \_\_\_\_\_  
 \_\_\_\_\_  
 Doors, stops, locks \_\_\_\_\_  
 Windows, latches, screens \_\_\_\_\_  
 Window coverings \_\_\_\_\_  
 Sink, faucet, handles, stopper \_\_\_\_\_  
 Countertops \_\_\_\_\_  
 Mirror \_\_\_\_\_  
 Cabinets, drawers, handles \_\_\_\_\_  
 Toilet, paper holder \_\_\_\_\_  
 Bathtub, enclosure, stopper \_\_\_\_\_  
 Shower, doors, rods \_\_\_\_\_  
 Tile \_\_\_\_\_  
 Plumbing leaks, water stains or mold on walls, ceilings or baseboards \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_

**Half Bath**  
 Walls \_\_\_\_\_  
 \_\_\_\_\_  
 Wallpaper \_\_\_\_\_  
 Plugs, switches, A/C vents \_\_\_\_\_  
 Woodwork/baseboards \_\_\_\_\_  
 Ceiling \_\_\_\_\_  
 Light fixtures, bulbs \_\_\_\_\_  
 Exhaust fan/heater \_\_\_\_\_  
 Floor/carpet \_\_\_\_\_  
 \_\_\_\_\_  
 Doors, stops, locks \_\_\_\_\_  
 Windows, latches, screens \_\_\_\_\_  
 Window coverings \_\_\_\_\_  
 Sink, faucet, handles, stopper \_\_\_\_\_  
 Countertops \_\_\_\_\_  
 Mirror \_\_\_\_\_  
 Cabinets, drawers, handles \_\_\_\_\_  
 Toilet, paper holder \_\_\_\_\_  
 Tile \_\_\_\_\_  
 Plumbing leaks, water stains or mold on walls, ceilings or baseboards \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_

**Bedroom** (describe which one): \_\_\_\_\_  
 Walls \_\_\_\_\_  
 \_\_\_\_\_  
 Wallpaper \_\_\_\_\_  
 Plugs, switches, A/C vents \_\_\_\_\_  
 Woodwork/baseboards \_\_\_\_\_  
 Ceiling \_\_\_\_\_  
 Light fixtures, bulbs \_\_\_\_\_  
 Floor/carpet \_\_\_\_\_  
 \_\_\_\_\_  
 Doors, stops, locks \_\_\_\_\_  
 Windows, latches, screens \_\_\_\_\_  
 Window coverings \_\_\_\_\_  
 Closets, rods, shelves \_\_\_\_\_  
 Closet lights, fixtures \_\_\_\_\_  
 Water stains or mold on walls, ceilings or baseboards \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_

**Bath** (describe which one): \_\_\_\_\_  
 Walls \_\_\_\_\_  
 Wallpaper \_\_\_\_\_  
 Plugs, switches, A/C vents \_\_\_\_\_  
 Woodwork/baseboards \_\_\_\_\_  
 Ceiling \_\_\_\_\_  
 Light fixtures, bulbs \_\_\_\_\_  
 Exhaust fan/heater \_\_\_\_\_  
 Floor/carpet \_\_\_\_\_  
 \_\_\_\_\_  
 Doors, stops, locks \_\_\_\_\_  
 Windows, latches, screens \_\_\_\_\_  
 Window coverings \_\_\_\_\_  
 Sink, faucet, handles, stopper \_\_\_\_\_  
 Countertops \_\_\_\_\_  
 Mirror \_\_\_\_\_  
 Cabinets, drawers, handles \_\_\_\_\_  
 Toilet, paper holder \_\_\_\_\_  
 Bathtub, enclosure, stopper \_\_\_\_\_  
 Shower, doors, rods \_\_\_\_\_  
 Tile \_\_\_\_\_  
 Plumbing leaks, water stains or mold on walls, ceilings or baseboards \_\_\_\_\_  
 \_\_\_\_\_  
 Other \_\_\_\_\_

**Safety or Pest-Related Items** (Put "none" if item does not exist)  
 Door knob locks \_\_\_\_\_  
 Keyed deadbolt locks \_\_\_\_\_  
 Keyless deadbolts \_\_\_\_\_  
 Keyless bolting devices \_\_\_\_\_  
 Sliding door latches \_\_\_\_\_  
 Sliding door security bars \_\_\_\_\_  
 Sliding door pin locks \_\_\_\_\_  
 Doorviewers \_\_\_\_\_  
 Window latches \_\_\_\_\_  
 Porch and patio lights \_\_\_\_\_  
 Smoke alarms (push button to test) \_\_\_\_\_  
 Other detectors \_\_\_\_\_  
 Alarm system \_\_\_\_\_  
 Fire extinguishers (look at charge level—BUT DON'T TEST!) \_\_\_\_\_  
 Garage door opener \_\_\_\_\_  
 Gate access card(s) \_\_\_\_\_  
 Other \_\_\_\_\_  
 \_\_\_\_\_  
 Pest-related concerns \_\_\_\_\_  
 \_\_\_\_\_

**Date of Move-In:** \_\_\_\_\_  
**or Date of Move-Out:** \_\_\_\_\_

**Acknowledgment.** You acknowledge that you have inspected and tested all of the safety-related items (if in the dwelling) and that they are working, except as noted above. All items will be assumed to be in good condition unless otherwise noted on this form. You acknowledge receiving written operating instructions on the alarm system and gate access entry systems (if there are any). You acknowledge testing the smoke alarms and any other detector(s) and verify they are operating correctly. You acknowledge that you and our representative have inspected the dwelling and that no signs of bed bugs or other pests are present.

*In signing below, you accept this inventory as part of the Lease Contract and agree that it accurately reflects the condition of the premises for purposes of determining any refund due to you when you move out and for bringing to our attention any safety or pest-related concerns.*

**Resident or Resident's Agent:** \_\_\_\_\_ **Date of Signing:** \_\_\_\_\_  
**Owner or Owner's Representative:** \_\_\_\_\_ **Date of Signing:** \_\_\_\_\_