

Property Condition Report

Condition
 Good=G Broken=B
 Dirty=D Missing=M

Date:

Address:		Move In Condition		Move Out Condition	
Tenant(s) Name:		Move In Date:		Move Out Date:	
Room	Item	Code	Comments	Code	Comments
General	Stairs				
	Closets				
	Switches				
	Outlets				
	Air / Heat				
	Fans				

Living Room	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Fireplace				
Dining Room	Ceiling				
	Light Fixtures				
	Walls				

	Floor				
	Windows				
Kitchen	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Stove				
	Refrigerator				

	Sink				
	Garbage Compactor				
	Microwave				
	Pantry				
	Dishwasher				
Bath 1	Ceiling				
	Light Fixtures				
	Walls				
	Floor				

	Windows				
	Toilet, tub, sink				
	Vanity, mirror				
Bath 2	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Toilet, tub, sink				

	Vanity, mirror				
Bedroom 1	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Closets				
Bedroom 2	Ceiling				
	Light Fixtures				

	Walls				
	Floor				
	Windows				
	Closets				
Bedroom 3	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				

	Closets				
Porch/ Basement /Attic	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows				
	Closets				
	Stairs				
	Stairs				
Exterior					

	Doors				
	Lawn				
	Driveway				
	Mailbox				
	Garbage Cans				

Notes:

Property Manager: _____

Date: _____

Tenant: _____

Date: _____

Tenant: _____

Date: _____