

PROPERTY CONDITION REPORT

RETURN WITHIN 10 DAYS AFTER MOVING IN

Landlord/Property Manager Name: _____

Tenant's Name: _____ Tenant's Tel. #: _____

Address of Rental Unit: _____

This form is designed to assist in recording the condition of a rental unit upon moving in and moving out. To be most useful, it should be filled out in the presence of the property owner **and** the tenant, and each should retain a signed and dated copy. For each line item, either check "OK" or describe any problems present.

	Move-In Condition		Move-Out Condition	
	OK	If not OK, describe problems	OK	If not OK, describe problems
Kitchen				
General Cleanliness				
Sink/Garbage Disposal				
Dishwasher				
Counters				
Light Fixtures				
Cabinets				
Oven/Range/Hood				
Refrigerator				
Switch/Outlets				
Carpet/Floor/Tile				
Windows/Screen				
Walls & Ceilings				
Other (describe)				

Master Bathroom	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Waterproof Floor				
Walls & Ceiling				
Light Fixtures				
Switch/Outlets				
Shower Curtain/Door				
Windows or Fan				
Plumbing Fixtures				
Other (describe)				
Bathroom #1	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Toilet				
Sink				
Tub or Shower				

Mirror				
Waterproof Floor				
Walls & Ceiling				
Light Fixtures				
Switch/Outlets				
Shower Curtain/Door				
Windows or Fan				
Plumbing Fixtures				
Other (describe)				
Bathroom #2	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Toilet				
Sink				
Tub or Shower				
Mirror				
Waterproof Floor				
Walls & Ceiling				
Light Fixtures				
Switch/Outlets				
Shower Curtain/Door				

Windows or Fan				
Plumbing Fixtures				
Other (describe)				
Hallway	OK	If not OK, describe problems	OK	If not OK, describe problems
Carpet/Floor/Tile				
Walls & Ceiling				
Light Fixtures				
Switch/Outlets				
Other (describe)				
Living Room	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Switch/Outlets				
Windows/Door				
Other (describe)				
Bedroom #1	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				

Floor/Carpet				
Light Fixtures				
Switch/Outlets				
Windows/Door				
Other (describe)				
Bedroom #2	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Switch/Outlets				
Windows/Door				
Other (describe)				
Bedroom #3	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Switch/Outlets				
Windows/Door				
Other (describe)				

Other Room	OK	If not OK, describe problems	OK	If not OK, describe problems
General Cleanliness				
Walls & Ceiling				
Floor/Carpet				
Light Fixtures				
Windows				
Other (describe)				
Miscellaneous	OK	If not OK, describe problems	OK	If not OK, describe problems
Heating System				
Water Pressure				
Entry Doors				
Air Conditioner				
Smoke Detector				
Fire Extinguisher				
Closets				
Other (describe)				

Add Additional Items:

Once you hand in your Property Condition Report, a Rep from our office will set a date & time with you to repair what is needed, and document cosmetic items.

Date:

Landlord Signature:

Tenant Signature:

This Checklist was developed by Vermont Tenants, Inc. in August, 1998. Please call Vermont Tenants, Inc. at 864-0099 for additional copies or further information.