[redacted] - MOVE-IN / MOVE-OUT CONDITION REPORT

PRESS FIRMLY WHEN WRITING

RESIDENT _____ APT# _____ BEDROOM _____ DATE _____

	CONDITION AT MOVE-IN	CONDITION AT MOVE-OUT	AMT CHARGED
LIVING ROOM			
Entry Door(s)			
Wood Flooring			
Carpeting			
Monitoring System			
Cable Connector			
Internet Modem			
Walls			
Blinds			
Windows			
Window Screens			
Ceiling			
Ceiling Fan			
Track Light Fixtures			
Banister			
FURNITURE (If Applicable)			
Sofa			
Chair(s)			
Coffee Table			
End Table(s)			
Entertainment Center			
DINING ROOM			
Pendant Light(s)			
Ceiling			
Walls			
Blinds			
Windows			
FURNITURE (If Applicable)			
Table			
Chairs			
KITCHEN			
Stove			
Refrigerator/Ice Maker			
Microwave			
Dishwasher			
Disposal			
Cabinets			
Countertops			
Walls			
Flooring			
Ceiling			
Plumbing			
Sink Light			
Florescent Light			
Blinds			
Windows			
Pantry Shelves			
Pantry Door			
FURNITURE (If Applicable)			
Bar Stools			
LAUNDRY ROOM			
Washer			
Dryer			
Walls			
Ceiling			
Floor			
Door			
BEDROOM (Indicate A,B,C,D,E)			
Entry Door			
Window(s)			
Blinds			
Cable Connector			
Closet Doors			
Wire shelves in Closet			
Carpeting			
Walls			
Light Fixture			
Ceiling			
Ceiling Fan (If Applicable)			
FURNITURE (If Applicable)			
Bed			
Dresser			
Desk			
Chair			
Night Stand			
BATHROOM/VANITY			
Door			
Tub/Shower			
Tile/Grout			
Toilet			
Flooring			
Vent Fan			
Plumbing			
Mirror			
Vanity Top			
Lavatories			
Drawers			
Towel Racks			
Walls			
Ceiling			
Light Fixture			
COMMON AREA			
Smoke Detectors			
HVAC System			
Water Heater			
Fire Extinguisher			
Patio/Balcony			

CONDITION AT MOVE-IN	CONDITION AT MOVE-OUT	Issued	KEYS	Returned	TOTAL CHARGED
RESIDENT _____	RESIDENT _____	_____	**FRONT DR**	_____	
MANAGER _____	MANAGER _____	_____	**BEDROOM**	_____	$_____
DATE _____	DATE _____	_____	**MAIL BOX**	_____	