



HOUSING CONDITION CHECKLIST

**Please complete and fax to 800.807.1963 upon move in and move out
Keep original for your records**

Tenant:	
Complex Name:	
Address	
Move In Date:	Move Out Date:

Move In	Move Out
Living Room	Living Room
Doors	Doors
Floor/ Carpet	Floor/ Carpet
Furniture	Furniture
Light Fixtures	Light Fixtures
Walls	Walls
Windows	Windows
Bedroom 1	Bedroom 1
Closets	Closets
Doors	Doors
Floor/Carpet	Floor/Carpet
Furniture	Furniture
Light Fixtures	Light Fixtures
Walls	Walls
Windows	Windows
Bedroom 2	Bedroom 2
Closets	Closets
Doors	Doors
Floor/Carpet	Floor/Carpet
Furniture	Furniture
Light Fixtures	Light Fixtures
Walls	Walls
Windows	Windows
Bathroom	Bathroom
Cabinets	Cabinets
Closets	Closets
Doors	Doors
Floor	Floor
Light Fixtures	Light Fixtures
Mirror	Mirror

Kitchen	Kitchen
Cabinets	Cabinets
Closets	Closets
Dishwasher	Dishwasher
Disposal	Disposal
Doors	Doors
Floor/Carpet	Floor/Carpet
Furniture	Furniture
Light Fixtures	Light Fixtures
Refrigerator	Refrigerator
Sink	Sink
Stove	Stove
Walls	Walls
Windows	Windows
Appliances	Appliances
AC/Heating	AC/Heating
Washer/Dryer	Washer/Dryer
Water Heater	Water Heater
Misc.	Misc.
Yard	Yard
Exterior	Exterior
Other	Other

I acknowledge that the above description is a fair and accurate assessment of the move in and move out condition of the premises and verify this by my signature for both occurrences.

Move In	Move Out
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Tenant Signature	Date	Tenant Signature	Date
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For Landlord and/or Property Agents Completion

Security Deposit will be refunded in full YES NO Amount: \$ _____

If no please explain: _____

Agent Signature	Date
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