

Condition Inspection Report

Tenant and landlord should complete an inspection of the rental unit within five (5) days of initial tenant occupancy of the rental unit. Each party should receive a copy (signed and dated by both parties) of this condition inspection report.

Address of Unit: _____

Name of Tenant(s): _____

Name of Property Owner/Landlord: _____

Complete all applicable sections, drawing a line or "X" through all sections which do not apply

Kitchen

Oven: _____ Range/Cooktop: _____

Hood/Fan: _____ Dishwasher: _____

Refrigerator: _____ Sink/Faucet: _____

Cabinets: _____ Floor: _____

Walls/Ceiling/Door: _____ Light fixtures: _____

Furniture: _____ Window: _____

Other: _____

Bathroom (1)

Tub/shower: _____ Mirror/Medicine Cabinet: _____

Towel Rack(s): _____ Counter/vanity: _____

Lavatory/faucets: _____ Window: _____

Walls/Ceiling/Door: _____ Floor: _____

Toilet: _____ Light fixtures: _____

Other: _____

Bathroom (2)

Tub/shower: _____ Mirror/Medicine Cabinet: _____

Towel Rack(s): _____ Counter/vanity: _____

Lavatory/faucets: _____ Window: _____

Walls/Ceiling/Door: _____ Floor: _____

Toilet: _____ Light fixtures: _____

Other: _____

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Living Room

Floor: _____ Walls/Ceiling/Door: _____

Furniture: _____ Closet: _____

Window(s): _____ Light fixtures: _____

Other: _____

Bedroom (1)

Floor: _____ Walls/Ceiling/Door: _____

Furniture: _____ Closet: _____

Window(s): _____ Light fixtures: _____

Other: _____

Bedroom (2)

Floor: _____ Walls/Ceiling/Door: _____

Furniture: _____ Closet: _____

Window(s): _____ Light fixtures: _____

Other: _____

Bedroom (3)

Floor: _____ Walls/Ceiling/Door: _____

Furniture: _____ Closet: _____

Window(s): _____ Light fixtures: _____

Other: _____

Additional Items/Areas _____

Name of Tenant(s)
please print

Name of Property Owner/Landlord
please print

Signature of Tenant(s)

Signature of Property Owner/Landlord

Date

Date