

Move-In Property Condition Report
Property Management Services



Please inspect your home carefully and return this form within 10 days.

Tenant Name:		Phone:	Move-In Dt:
Address:		Property #	Move-out-Dt:
Keys & Locks	Front and Side Doors:		
	Garage Door Opener and ____ Controls:		
	Mail Box or others:		
KITCHEN	General Cleanliness		
	Range/Oven and Hood:		
	Refrigerator:		
	Counter tops & cabinets:		
	Dishwasher:		
	Garbage Disposal:		
	Walls/Ceiling/Lights:		
Living & Family & Dining Rm.	Window Coverings:		
	Light Fixtures/Bulbs:		
	Flooring:		
	Walls/Paint:		
Master Bedroom	Window Coverings:		
	Walls and Ceiling & Paint:		
	Flooring:		
Bedroom #2	Window Coverings:		
	Walls and Ceiling & Paint:		
	Flooring:		
Bedroom #3	Window Coverings:		
	Walls and Ceiling & Paint:		
	Flooring:		
Bedroom #4	Window Coverings:		
	Walls and Ceiling & Paint:		
	Flooring:		
Master BR Bath	Fixtures:		
	Sinks/Vanity/Cabinets:		
	Overall Cleanliness/Flooring:		
Hall Bath	Fixtures:		
	Sinks/Vanity/Cabinets:		
	Overall Cleanliness/Flooring:		
EXTERIOR	Lawn, Trees & Plantings:		
	Driveway-stains:		
	Fencing:		
	Mailbox/mount:		
	Windows/Screens:		
	Porch, Patio, Deck:		
	Entry, Garage, Garage Doors & Sheds:		
	Pool/Hot Tub		
SYSTEMS	HVAC Filter		
	HW Heater(s)		
	Well Pump/Water System:		
	Alarm System:		
	Smoke Detector(s)		
	Ext. Lighting		
	Other:		
PLEASE USE ANOTHER PAGE FOR NOTES IF NECESSARY			