

Door Key _____	Plumbing <input type="checkbox"/>	For Office Use only	Locks/Key # _____ <input type="checkbox"/>	Clean & Show <input type="checkbox"/>	
Mail Key _____	Door Repl. <input type="checkbox"/>		Drywall <input type="checkbox"/>	Locks/Keys <input type="checkbox"/>	Grade _____
Laundry Key _____					

INVENTORY AND CONDITION REPORT

Date _____/_____/_____ Inspection Type _____

Address _____ Apt # _____ Phone _____

Number of Bedrooms _____ Number of Bathrooms _____ Vacate/Move-in date _____/_____/_____ Inspected by _____

Living Room

	1 Poor - 5 Excellent	Comments
1. Carpet/Hardwood	1 2 3 4 5	
2. Walls/Paint/Ceiling	1 2 3 4 5	
3. Windows/Screens	1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>
4. Drapes/Blinds	1 2 3 4 5	
5. Closet	1 2 3 4 5	
6. Heaters	1 2 3 4 5	
7. Outlets/Switches	1 2 3 4 5	
8. Smoke Alarm	Y <input type="checkbox"/> N <input type="checkbox"/>	
9. Front Door & Stop	1 2 3 4 5	
10. Knob Lock/Deadbolt		

Kitchen

	1 Poor - 5 Excellent	Comments
11. Floor/Vinyl	1 2 3 4 5	
12. Walls/Paint/Ceiling	1 2 3 4 5	
13. Windows/Screens	1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>
14. Blinds/Drapes	1 2 3 4 5	
15. Counter/Tile	1 2 3 4 5	
16. Cabinets In/Out	1 2 3 4 5	
17. Drawers	1 2 3 4 5	
18. Lights/Outlets	1 2 3 4 5	
19. Garbage Disposal	Y <input type="checkbox"/> N <input type="checkbox"/>	
20. Sink/Faucet	1 2 3 4 5	Aerator: Y <input type="checkbox"/> N <input type="checkbox"/>
21. Cutting Board	1 2 3 4 5	
22. Hood Fan	1 2 3 4 5	Filter
23. Range	1 2 3 4 5	Gas <input type="checkbox"/> Electric <input type="checkbox"/>
24. Oven	1 2 3 4 5	Door
25. Broiler	1 2 3 4 5	
26. Refrigerator	1 2 3 4 5	Door Seal
27. Freezer	1 2 3 4 5	

Bathroom:

Bathroom:

Bathroom(s)

	1 Poor - 5 Excellent	Comments		1 Poor - 5 Excellent	Comments
28. Floor/Vinyl	1 2 3 4 5			1 2 3 4 5	
29. Walls/Paint/Ceiling	1 2 3 4 5			1 2 3 4 5	
30. Windows/Screens	1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>		1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>
31. Toilet/Bowl/Seat	1 2 3 4 5			1 2 3 4 5	
32. Mirror	1 2 3 4 5			1 2 3 4 5	
33. Medicine Cabinet	1 2 3 4 5			1 2 3 4 5	
34. Sink/Faucet	1 2 3 4 5			1 2 3 4 5	
35. Towel Rack	1 2 3 4 5			1 2 3 4 5	
36. Lights/Outlets	1 2 3 4 5			1 2 3 4 5	
37. Heater	1 2 3 4 5			1 2 3 4 5	
38. Exhaust Fan	1 2 3 4 5			1 2 3 4 5	
39. Tub/Shower	1 2 3 4 5			1 2 3 4 5	
40. Door/Track	1 2 3 4 5			1 2 3 4 5	
41. Caulk/Tile	1 2 3 4 5			1 2 3 4 5	
42. Door/Doorstop	1 2 3 4 5			1 2 3 4 5	

Bedroom:

Bedroom:

Bedroom(s)

	1 Poor - 5 Excellent	Comments		1 Poor - 5 Excellent	Comments
43. Carpet/Hardwood	1 2 3 4 5			1 2 3 4 5	
44. Walls/Paint	1 2 3 4 5			1 2 3 4 5	
45. Ceilings	1 2 3 4 5			1 2 3 4 5	
46. Window/Screens	1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>		1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>
47. Drapes/Blinds	1 2 3 4 5			1 2 3 4 5	
48. Outlets	1 2 3 4 5			1 2 3 4 5	
49. Lights	1 2 3 4 5			1 2 3 4 5	
50. Closet	1 2 3 4 5			1 2 3 4 5	
51. Door/Doorstop	1 2 3 4 5			1 2 3 4 5	
52. Smoke Alarm	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>	

Bedroom:

Bedroom:

Bedroom(s)

	1 Poor - 5 Excellent	Comments		1 Poor - 5 Excellent	Comments
53. Carpet/Hardwood	1 2 3 4 5			1 2 3 4 5	
54. Walls/Paint	1 2 3 4 5			1 2 3 4 5	
55. Ceilings	1 2 3 4 5			1 2 3 4 5	
56. Window/Screens	1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>		1 2 3 4 5	Locks: Y <input type="checkbox"/> N <input type="checkbox"/>
57. Drapes/Blinds	1 2 3 4 5			1 2 3 4 5	
58. Outlets	1 2 3 4 5			1 2 3 4 5	
59. Lights	1 2 3 4 5			1 2 3 4 5	
60. Closet	1 2 3 4 5			1 2 3 4 5	
61. Door/Doorstop	1 2 3 4 5			1 2 3 4 5	
62. Smoke Alarm	Y <input type="checkbox"/> N <input type="checkbox"/>			Y <input type="checkbox"/> N <input type="checkbox"/>	

Hall/Stairway

	1 Poor - 5 Excellent	Comments		1 Poor - 5 Excellent	Comments
63. Carpet/Hardwood	1 2 3 4 5			65. Lights	
64. Walls/Paint/Ceiling	1 2 3 4 5			66. Door/Doorstop	

Front Yard _____

Back Yard _____

Garage _____

Comments: _____

Signature _____

Signature _____