

Inventory and Condition Form

| Resident's Name: | Personal #: () | Work#:() |
|--|--|---|
| Resident's Name: | Personal#:() | Work#:() |
| Resident's Name: | Personal #:() | |
| Resident's Name: | Personal#:() | |
| | Personal #:() | |
| Resident's Name: | | |
| Apartment Community Name: | | |
| or Street Address (if house, duplex, etc.): | | Apt.# |
| | - | |
| Within 48 hours after move-in, you must note on this form all defects, dam Otherwise, everything will be considered to be in a clean, safe, and good wo items don't exist. This form protects both you (the resident) and us (the ow your responsibility upon move-out. You are entitled to a copy of this form a | rking condition. Please mark t ner). We'll use it in determinin | hrough items listed below or put "none" if the ig what should and should not be considered |
| ☐ Move-In or ☐ Move-O | ut Condition (Check one) | |
| Living Room | Dining Room | ^ |
| Walls | Walls | |
| | | |
| Wallpaper | Wallpaper | |
| Plugs, switches, A/C vents | ►Plugs, switches, A/C ve | |
| Woodwork/baseboards | Woodwork/baseboard | |
| Ceiling | leying | |
| 3 | Light fixtures, bulbs | |
| Light fixtures, bulbs | | |
| Floor/carpet | Noor carpet | |
| | ~ | ()) • |
| Doors, stops, locks | Doors, stops, looks | \ \ |
| Windows, latches, screens | Windows, latches, scre | eek |
| Window coverings | Window covering. | |
| Closets, rods, shelves | Closets, rods, strekes | |
| Closet lights, fixtures | Closet lights, fixtures | |
| | | on walls, ceilings or baseboards |
| Lamps, bulbs | water stants or mold o | on walls, ceilings or baseboards |
| Water stains or mold on walls, ceilings or basebooks | | |
| | Piter | |
| Other | | |
| Kitchen | 113.5 | |
| Walls | , dis | |
| | \ | |
| Wallpaper | | |
| | | ents |
| Plugs, switches, A/C vents | Woodwork/baseboard | ds |
| Woodwork/baseboards | Ceiling | |
| Ceiling | Light fixtures, bulbs | |
| Light fixtures, bulbs | = | |
| Floor/carpet | • | |
| | | |
| Doors, stops, locks | - | |
| Windows, latches, screens | Closets, rods, shelves | |
| Window soverings | Closet lights, fixtures | |
| Window coverings | Water stains or mold on walls, ceilings or baseboards | |
| Cabinets, drawers, hankes | Other | |
| Countertops | F-+:(:f:: | |
| Stove/oven, trays, pans, seelves | Exterior (if applicable) | |
| Vent hood | • | |
| Refrigerator data risper | Fences/gates | |
| Refrigerator light, crisper | Faucets | |
| Dishwasher, die ensers, racks | Balconies | |
| Sink/disposal | Other | |
| Microwale | | |
| Plumbing leaks, water stains or mold on walls, ceilings or baseboards | Bedroom (describe which o | one): |
| Plumbing leaks, water stains or mold on walls, ceilings or baseboards | Walls | |
| | | |
| Other | | ents |
| | | ds |
| General Items | | |
| | | |
| Thermostat | = | |
| Cable TV or master antenna | Floor/carpet | |
| Cable wires | | |
| A/C filter | Doors, stops, locks | |
| Washer/dryer | Windows, latches, scre | eens |
| Garage door | | |
| Ceiling fans | | |
| Exterior doors, screens/screen doors, doorbell | | |
| Laterior 40013, screens/screen 40013, 4001Dell | _ | |
| | vvater stains or mold o | on walls, ceilings or baseboards |
| Fireplace | | |
| Other | Other | |
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| Bedroom (describe which one): Walls | |
|---|--|
| | |
| Wallpaper | Wallpaper |
| Plugs, switches, A/C vents | Plugs, switches, A/C vents |
| Woodwork/baseboards | Woodwork/baseboards |
| Ceiling | Ceiling |
| Light fixtures, bulbs | Light fixtures, bulbs |
| Floor/carpet | |
| Doors, stops, locks | Doors, stops, locks |
| Windows, latches, screens | Windows, latches, screens |
| Window coverings | |
| Closets, rods, shelves | Closets, rods, shelves |
| Closet lights, fixtures | |
| Water stains or mold on walls, ceilings or baseboards | Water stains or mold on walls, ceilings or baseboards |
| Other | Other |
| ath (describe which one): | Bath (describe which one): |
| Walls | Walls |
| Wallpaper | Wallpaper |
| Plugs, switches, A/C vents | Plugs, switches, A/C vents |
| Woodwork/baseboards | Woodwork/baseboards |
| Ceiling | |
| Light fixtures, bulbs | |
| Evhaust fan/hoator | |
| Exhaust fan/heater | |
| Floor/carpet | |
| | |
| Doors, stops, locks | Mindow latches servens |
| Windows, latches, screens | Windows, latches, screens Window coverings |
| Window coverings | wurkow coverings |
| Sink, faucet, handles, stopper | Sipk, faucet, handles, stoppe |
| Countertops | Countertops |
| Mirror | Mirror |
| Cabinets, drawers, handles | Cabinets, drawers handles |
| Toilet, paper holder | Toilet, paper holder |
| Bathtub, enclosure, stopper | Bathtab, enclosure, stopper |
| Shower, doors, rods | Shower, doors, rods |
| | |
| Tile | oards Plur bing leaks, water stains or mold on walls, ceilings or baseboards |
| TilePlumbing leaks, water stains or mold on waits, ceilings or baseb | oards Turnonid leans, water stains of mold on waits, ceilings of baseboards |
| | — 1/ // |
| Other | Other Total |
| | |
| alf Bath | Safety or Pest-Related Items (Put "none" if item does not exist) |
| Walls | Opor knob locks |
| | Keyed deadbolt locks |
| Wallpaper | Keyless deadbolts |
| Plugs, switches, A/C vents | Keyless bolting devices |
| Woodwork/baseboards | Sliding door latches |
| | Sliding door security bars |
| Ceiling | Sliding door pin locks |
| Light fixtures, bulbs | Doorviewers |
| Exhaust fan/heater | Window latches |
| Floor/carpet | Porch and patio lights |
| | Smoke alarms (push button to test) |
| Doors, stops, locks | Other detectors |
| Windows, latches, screens | Alarm system |
| Window coverings | , |
| Sink, faucet, handles stopper | Fire extinguishers (look at charge level—BUT DON'T TEST!) |
| Countertops | Garage door opener |
| Mirror | Gate access card(s) |
| Cabinets, drawert, handles | Other |
| Toilet, pape Node | |
| | Pest-related concerns |
| Tile | |
| Plumbing leaks, white stains or mold on walls, ceilings or baseb | |
| | Date of Move-In: |
| Other | or Date of Move-Out: |
| nspect and test all the safety-related items (if in the dwelling), as we noted on your completed Inventory and Condition Form. All items v eceive written operating instructions on the alarm system and gate | orm in accordance with this Lease and our Community Policies. You acknowledge you wil ell as smoke alarms and any other detector(s), and confirm that they are working, except a will be assumed to be in good condition unless otherwise noted. You acknowledge you wil e access entry systems (if there are any). You acknowledge that you will inspect the dwelling at you will report any bed bug or pest issues through a work order or other repair request. |
| | and accept the responsibility for completing it as part of the Lease Contract. ter move-in without returning this form (whichever comes first), it accurately etermining any refund due to you when you move out. |

Resident or Resident's Agent:_ Date of Signing: _ Owner or Owner's Representative: _ Date of Signing: ____

FOR OFFICE USE ONLY. Date completed form was received: _ _ Received by: _