



Condition of Premises Checklist

IMPORTANT - LANDLORD & TENANT:

Complete at beginning and end of tenancy and each keep a signed copy.

Name of Landlord: _____ Address: _____

Name of Tenant(s): _____

Premises Address: _____

Move - In

Move - Out

	Describe Damage and Cleaning Deficiencies OR Check <input type="checkbox"/> if OK	Describe Damage and Cleaning Deficiencies OR Check <input type="checkbox"/> if OK
Kitchen		
Stove/Hood	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>
Cupboards & Doors	<input type="checkbox"/>	<input type="checkbox"/>
Countertops & Sink	<input type="checkbox"/>	<input type="checkbox"/>
Floor	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Trim	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom		
Bathtub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Sink/Vanity/Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling/Fan	<input type="checkbox"/>	<input type="checkbox"/>
Walls/Trim	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Living Room/Dining Room		
Drapes/Rods	<input type="checkbox"/>	<input type="checkbox"/>
Flooring/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Trim	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Bedroom - Master		
Drapes/Rods	<input type="checkbox"/>	<input type="checkbox"/>
Flooring/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Trim	<input type="checkbox"/>	<input type="checkbox"/>
Closets & Doors	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Move - In

Move - Out

	Describe Damage and Cleaning Deficiencies OR Check <input type="checkbox"/> if OK	Describe Damage and Cleaning Deficiencies OR Check <input type="checkbox"/> if OK
Bedroom #1		
Drapes/Rods	<input type="checkbox"/>	<input type="checkbox"/>
Flooring/Carpet	<input type="checkbox"/>	<input type="checkbox"/>
Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Trim	<input type="checkbox"/>	<input type="checkbox"/>
Closets & Doors	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Basement		
Furnace/Filter	<input type="checkbox"/>	<input type="checkbox"/>
Electrical/Fixtures	<input type="checkbox"/>	<input type="checkbox"/>
Windows/Screens	<input type="checkbox"/>	<input type="checkbox"/>
Floors/Walls	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
Hall & Stairwell		
Doors/Closets/Landings	<input type="checkbox"/>	<input type="checkbox"/>
Floor Covering	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Trim	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
General		
Windows/Screens/Doors	<input type="checkbox"/>	<input type="checkbox"/>
Garage/Parking	<input type="checkbox"/>	<input type="checkbox"/>
Yard	<input type="checkbox"/>	<input type="checkbox"/>
Balcony	<input type="checkbox"/>	<input type="checkbox"/>
Electrical	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>

Move - In	Comments	Move - Out

Date of Move-In: _____ Date of Move-Out: _____

Date Checklist Completed: _____ Date of Checklist Completed: _____

Number of Keys to Tenant: _____ Date Keys Returned to Landlord: _____

Tenant(s) Signature: _____ Tenant(s) Signature: _____

Landlord's Signature: _____ Landlord's Signature: _____

Tenant(s) Forwarding Address & Phone Number: _____

SECURITY DEPOSIT CONSENT

(to be signed only at the end of the tenancy and not for use for Social Services Guarantee)

The tenant(s) hereby agree to surrender \$ _____ of their security deposit and interest to landlord.

Date: _____ Tenant(s) Signature _____