

Unit Condition Checklist

DEVELOPMENT _____ TENANT _____ UNIT # _____

Move-in Date _____ Annual/Move-out Date _____

Indicate Type of Inspection **Move-in** **Annual/Move- Out Inspection**

The following items are to be observed. Indicate the condition of these items.

	Move- In Inspection	Annual/Move-Out Inspection	Move-Out Charges
1. Stove/Exhaust Fan	_____	_____	_____
2. Sinks/Faucets/Plumbing	_____	_____	_____
3. Refrigerator/Ice Cube Trays	_____	_____	_____
4. Disposal/Dishwasher	_____	_____	_____
5. Kitchen Cabinets/Countertops	_____	_____	_____
6. Closets/Closet Doors	_____	_____	_____
7. Bathroom Cabinets/Countertops	_____	_____	_____
8. Toilet/Tub	_____	_____	_____
9. Shower/Towel Bars	_____	_____	_____
10. Shades/Drapes	_____	_____	_____
11. Windows/Screens	_____	_____	_____
12. Doors (Interior & Exterior)	_____	_____	_____
13. Electrical Controls/Lighting	_____	_____	_____
14. Furnace/Water Heater	_____	_____	_____
15. Air-Conditioner/Sleeves	_____	_____	_____
16. Smoke Detector	_____	_____	_____
17. Fire Extinguisher (if applicable)	_____	_____	_____

Move- In Inspection

Annual/Move-Out Inspection

		Walls	Floor	Ceiling	Doors	Windows
18.	Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	Bathroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21.	Bedroom 1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	Stairways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Walls	Floor	Ceiling	Doors	Windows
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please indicate any area that is damaged or in poor condition (Note details below or on back).

Comments on exterior grounds: _____

Remarks: _____

I have inspected the dwelling with a representative of Management. With the above exceptions, the dwelling is in decent, safe and sanitary condition. I understand that this checklist is used to record the condition of the dwelling at the time I move-in, at annual inspections and at the time of move-out.

Move-In Inspection

Annual/Move-Out Inspection *

Tenant _____

Management _____

Date _____

* The tenant's signature is not required on either the Annual or Move-out Unit Condition Checklist.