

Property Address: \_\_\_\_\_

Tenant(s) Name: \_\_\_\_\_

Keys Provided

Door: \_\_\_\_\_ Mailbox: \_\_\_\_\_ Garage: \_\_\_\_\_

Important: If condition is "Poor", "Fair" or "Good", please explain under Notes to the right.

Entrance		Move-In Condition						Notes
Patio	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Siding	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Doors	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Light Fixtures	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Storage Locker	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		

Foyer		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Walls	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Doors	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Windows & Screens	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Blinds & Drapes	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Light Fixtures	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Heater	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Closets	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Other _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		

Family Room		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Walls	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Doors	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Windows & Screens	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Blinds & Drapes	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Light Fixtures	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Heater/AC Unit	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Closets	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Other _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		

Living Room		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Walls	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Doors	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Windows & Screens	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Blinds & Drapes	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Light Fixtures	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Heater/AC Unit	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Closets	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		
Other _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A		

Dining Room		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Heater/AC Unit	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Laundry Area		Move-In Condition						Notes
Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Washer	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Dryer	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Kitchen		Move-In Condition						Notes
Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Sink	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Cabinets (In & Out)	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Countertops	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Appliances:								
Stove/Oven	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Refrigerator	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Dishwasher	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Microwave	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Disposal	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Pantry	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Hallway		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Bathroom 1		Move-In Condition						Notes
Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Fixtures:								
Tub/Shower	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Toilet	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Sink	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Vanity (In & Out)	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Mirror	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Towel/TP Bars	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Bathroom 2		Move-In Condition						Notes
Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Fixtures:								
Tub/Shower	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Toilet	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Sink	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Vanity (In & Out)	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Mirror	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Towel/TP Bars	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Master Bedroom		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Heater/AC Unit	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Bedroom 2		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Heater/AC Unit	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Bedroom 3		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Heater/AC Unit	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Bedroom 4		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Heater/AC Unit	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Den		Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Walls	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Ceiling	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Doors	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Windows & Screens	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Blinds & Drapes	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Light Fixtures	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Heater/AC Unit	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Closets	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							
Other _____	<input type="checkbox"/> Poor   <input type="checkbox"/> Fair   <input type="checkbox"/> Good   <input type="checkbox"/> Very Good   <input type="checkbox"/> Excellent   <input type="checkbox"/> N/A							

Balcony/Deck	Move-In Condition						Notes
Decking	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Siding	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Doors	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Windows & Screens	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Railing	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Heater/AC Unit	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	

Garage	Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Walls	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Entry Door	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Overhead Door	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Windows & Screens	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Blinds & Drapes	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Light Fixtures	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Heater/AC Unit	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Closets	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	

	Move-In Condition						Notes
Carpet/Floor	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Walls	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Ceiling	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Doors	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Windows & Screens	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Blinds & Drapes	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Light Fixtures	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Heater/AC Unit	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Closets	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	
Other _____	<input type="checkbox"/> Poor	<input type="checkbox"/> Fair	<input type="checkbox"/> Good	<input type="checkbox"/> Very Good	<input type="checkbox"/> Excellent	<input type="checkbox"/> N/A	

Notes:

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**Tenant acknowledges that he/she has thoroughly examined the property prior to taking possession and certifies that the above is a true and accurate description as to the condition of the property.**

Tenant's Signature:

Date:

Tenant's Signature:

Date:

Landlord's Signature:

Date: