

CHECK-IN/CHECK-OUT FORM

This is only a guide. If items do not apply to your unit write "N/A". If items are damaged in your unit and are not included on this form, make certain to photograph and document the condition of the item on the "Notes" page and specify where the item is located. Be as detailed as possible and be sure to inspect all items in your unit. In addition to your notes below, it is imperative that you take pictures of each room and item in your unit.

Property Address: _____

Resident(s): _____

Date of Check-in: _____ Date of Check-out: _____

Tenant Phone/email: _____

Landlord: _____

INSTRUCTIONS

- Fill out this entire form, make a copy and send it to your landlord. If possible, have your landlord sign the form also. Keep a copy of the form for reference when you move out.
- If there is no damage to the room or item listed, check "None"
- If you are including a picture of the item listed, check "Picture"
- Identify which room you are inspecting. If there is damage to the room or item, check "Damage" and then check one of the spaces to indicate the degree of damage. In addition, take a picture of the damage and describe the damage in the comments section
- The attached list is designed to document damage when you move into a residence. In addition to noting the damage when you move in, you will also need to document the damage/condition of your unit when you move out. Therefore, we suggest you do one of the following:
 - Use a blue pen for moving in comments and a black pen for moving out comments.
 - Use two separate lists – one "before" and one "after"

OUTSIDE AND ENTRANCE

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Back Door	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Back Yard	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Door locks	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Doorbell	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Exterior Walls	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Front Yard	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Garage Door	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Garage Interior	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Lights/Outlets	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Keys	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Mailbox	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Main Door	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Porch and Railings	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Screen door	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Sidewalk	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Sliding door	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Stairs	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Windows	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Covering	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Screens	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture
Window locks	___ None	___ Damage:	___ M	___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

ROOM: _____

(Living Room, Family Room, Dining Room, etc.)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Tile/Wood floor ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Carpet ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Walls ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify which wall, if any, has damage: _____

Baseboard ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Ceiling ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Furniture ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify any damage: _____

Ceiling fans ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Door ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Fireplace ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Heat register/vent ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Light fixtures ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Light switches ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Outlets ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Thermostat ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Windows ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Covering ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Screens ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Window locks ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify any damage: _____

ROOM: _____

(Living Room, Family Room, Dining Room, etc.)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Tile/Wood floor ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Carpet ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Walls ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify which wall, if any, has damage: _____

Baseboard ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Ceiling ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Furniture ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify any damage: _____

Ceiling fans ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Door ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Fireplace ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Heat register/vent ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Light fixtures ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Light switches ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Outlets ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Thermostat ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Windows ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Covering ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Screens ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Window locks ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify any damage: _____

ROOM: _____

(Living Room, Family Room, Dining Room, etc.)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Tile/Wood floor ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Carpet ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Walls ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify which wall, if any, has damage: _____

Baseboard ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Ceiling ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Furniture ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify any damage: _____

Ceiling fans ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Door ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Fireplace ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Heat register/vent ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Light fixtures ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Light switches ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Outlets ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Thermostat ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Windows ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Covering ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Screens ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

 Window locks ___None ___Damage: ___M ___S ___Sig ___ B/U ___ Picture

Specify any damage: _____

KITCHEN:

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Stove (General)	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Surface	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Burners	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Drip Pans	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Knobs	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Fan/Hood	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Oven (General)	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Racks/Pans	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Door	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Inside	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Refrigerator (General)	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Surface	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Interior	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Drawers	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Freezer	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture

Specify any damage: _____

Cabinets/Shelves	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Counters/Drawers	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Sink/Disposal/Faucet	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Dishwasher	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Walls/Ceiling	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture

Specify which wall, if any, has damage: _____

Floor/Baseboard	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Light fixtures	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Light switches	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Outlets	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Doors/Locks/Screen	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Closet/Pantry	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Furniture	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Windows	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Screens	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Window locks	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture
Covering	___ None	___ Damage:	___ M ___ S ___ Sig	___ B/U ___ Picture

Specify any damage: _____

BEDROOM #1: (Specify where Bedroom #1 is located in house: _____)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Ceiling	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Closet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Door	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Floor/Carpet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Light Fixtures	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Smoke/CO Detectors	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Vent/Outlet/Switches	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Walls	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify which wall(s), if any, has damage: _____

Windows	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Screens	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Window locks	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Covering	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

Bed (General)	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Box Spring	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Frame	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mattress	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Chair	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Desk	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Dresser/Drawers	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mirror	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Shelf	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

BEDROOM #2: (Specify where Bedroom #2 is located in house: _____)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Ceiling	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Closet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Door	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Floor/Carpet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Light Fixtures	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Smoke/CO Detectors	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Vent/Outlet/Switches	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Walls	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify which wall(s), if any, has damage: _____

Windows	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Screens	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Window locks	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Covering	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

Bed (General)	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Box Spring	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Frame	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mattress	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Chair	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Desk	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Dresser/Drawers	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mirror	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Shelf	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

BEDROOM #3: (Specify where Bedroom #3 is located in house: _____)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Ceiling	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Closet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Door	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Floor/Carpet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Light Fixtures	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Smoke/CO Detectors	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Vent/Outlet/Switches	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Walls	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify which wall(s), if any, has damage: _____

Windows	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Screens	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Window locks	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Covering	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

Bed (General)	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Box Spring	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Frame	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mattress	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Chair	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Desk	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Dresser/Drawers	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mirror	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Shelf	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

BEDROOM #4: (Specify where Bedroom #4 is located in house: _____)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Ceiling	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Closet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Door	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Floor/Carpet	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Light Fixtures	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Smoke/CO Detectors	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Vent/Outlet/Switches	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Walls	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify which wall(s), if any, has damage: _____

Windows	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Screens	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Window locks	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Covering	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

Bed (General)	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Box Spring	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Frame	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mattress	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Chair	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Desk	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Dresser/Drawers	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Mirror	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture
Shelf	___ None	___ Damage:	___ M ___ S	___ Sig	___ B/U	___ Picture

Specify any damage: _____

BATHROOM #1: (Specify where Bathroom #1 is located in house: _____)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Bathtub/Shower	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Ceiling/Fan	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Closet/Cabinets	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Countertop	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Door	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Floor/Carpet	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Light Fixtures	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Mirror	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Toilet/Bowl/Tank	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Towel Rack	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Sink/Drain/Faucet	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Vent/Outlet/Switches	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Walls	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture

Specify which wall(s), if any, has damage: _____

Windows	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Screens	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Window locks	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture
Covering	___None	___Damage:	___M	___S	___Sig	___B/U	___Picture

Specify any damage: _____

BATHROOM #2: (Specify where Bathroom #2 is located in house: _____)

General condition: Very Clean Clean OK Dirty Very dirty

Specify: _____

Notable Damage: M = Minor S = Some Sig = Significant B/U = Broken/Unusable

Bathtub/Shower	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Ceiling/Fan	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Closet/Cabinets	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Countertop	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Door	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Floor/Carpet	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Light Fixtures	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Mirror	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Toilet/Bowl/Tank	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Towel Rack	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Sink/Drain/Faucet	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Vent/Outlet/Switches	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Walls	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture

Specify which wall(s), if any, has damage: _____

Windows	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Screens	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Window locks	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture
Covering	___None	___Damage: ___M ___S ___Sig ___	B/U ___	Picture

Specify any damage: _____

ITEMS NEEDING REPAIR:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

Checked at move-in by:

(Resident) (Date)

(Resident) (Date)

(Resident) (Date)

(Resident) (Date)

and _____
(Owner/Agent) (Date)

Checked at move-out by:

(Resident) (Date)

(Resident) (Date)

(Resident) (Date)

(Resident) (Date)

and _____
(Owner/Agent) (Date)