

# RENTAL CONDITION REPORT

Tenants Name:

Address:

Move out date:

Smoke alarm tested:

Move in date:

	IN		OUT	
	Clean	Damage	Clean	Damage
<b>LIVING ROOM</b>				
door/woodwork				
flooring				
walls/ceiling				
light fixture				
windoes/drapes				
other				
<b>KITCHEN/DINING</b>				
fridge				
range				
sink/counter top				
cabinets/doors				
flooring				
walls/ceiling				
windows				
vent fan				
other				
<b>BEDROOM</b>				
door/woodwork				
flooring				
closets				
windows/drapes				
walls/ceiling				
light fixture				
other				
<b>BEDROOM/HALLS/STAIRS</b>				
door/woodwork				
flooring				
closets				
windoes/drapes				
walls/ceiling				
other				
<b>BATHROOM</b>				
toilet				
door/woodwork				
vanity				
tub/stall				
flooring				
walls/ceiling				
other				
<b>comments</b>				

Tenant signature:

Date:

Landlord: