

UNIT CONDITION CHECKLIST

Property: _____ Property Owner: _____

Move-in Date: _____

MOVE-IN CONDITION

MOVE-OUT CONDITION

SAFETY FEATURES

Entry Door	_____	_____
Entry Lock / Dead Bolt	_____	_____
Back Door / Lock	_____	_____
Window Locks	_____	_____
Smoke Alarms	_____	_____

ELECTRICAL

Switches	_____	_____
Outlets	_____	_____
Light Fixtures	_____	_____
Circuit Breakers	_____	_____
Hot Water Heater	_____	_____
AC/Heating Unit	_____	_____
Thermostat	_____	_____
Other	Describe: _____	Describe: _____

LIVING ROOM

Walls	_____	_____
Ceiling	_____	_____
Floor	_____	_____
Other	Describe: _____	Describe: _____

DINING ROOM

Walls	_____	_____
Ceiling	_____	_____
Floor	_____	_____
Other	Describe: _____	Describe: _____

KITCHEN

Walls	_____	_____
Ceiling	_____	_____
Floor	_____	_____
Range	_____	_____
Microwave (if provided)	_____	_____
Dishwasher	_____	_____
Garbage Disposal	_____	_____
Faucet	_____	_____
Counter Tops	_____	_____
Other	Describe: _____	Describe: _____

HALL

Walls	_____	_____
Ceiling	_____	_____
Floor	_____	_____
Other	Describe: _____	Describe: _____

BEDROOMS

Walls	_____	_____
Ceiling	_____	_____
Floor	_____	_____
Closet Doors	_____	_____
Other	Describe: _____	Describe: _____

BATHROOMS

Walls	_____	_____
Ceiling	_____	_____
Floor	_____	_____
Cabinets	_____	_____
Fixtures	_____	_____
Tub Enclosure/Shower	_____	_____
Toilet	_____	_____
Other	Describe: _____	Describe: _____

ADDITIONAL NOTES:

**Intrusion alarms are not monitored at all locations, where provided. Residents whose property is equipped with intrusion alarms must contact the provider of alarm directly and set-up service if desired.*

Resident's Signature:	_____	Date: _____
Resident's Signature:	_____	Date: _____
Resident's Signature:	_____	Date: _____

