Property Report Move-In / Move Out

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Address:		Unit#:
Tenant Name:		
Move-In Date:	Move-Out Date:	
xterior		
	Move-In Condition	Move-Out Condition
Parking/Driveway		
_awn		
Plants		
Trees		
Mailbox		
Fence		
Shed/Exterior Structure		
Patios/Deck/Balcony		
Sprinkler System		
Front Door		
Front Door		
Rear Door		
Garage Door		
Windows		
of Screens		

Exterior Lighting

General Interior

Flooring		
Walls		
Ceilings		
Bugs/Pests		
Smoke Detectors	# Working?	# Working?
Water Damage		
Stairs		
Interior Doors		
Light Fixtures		
Ceiling Fans	# Condition:	# Condition:
Water Heater		
Doorbell		

Bathroom(s)

Shower / Tub Are		
Water Leaks		
Toilet		
Sink		
Cabinet/Vanity		
Mirror		
Vent Fan		
Towel Rack(s)		
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HVAC

Name Brand:	Date Installe	ed:
Operational		
Coils Clean?		
Filter in Place		
Thermostat		
Grills / Register Clean		

Kitchen

Range	
Refrigerator	
Microwave / Exhaust Fan	
Dishwasher	
Garbage Disposal	
Sink	
Faucet	
Countertops	
Cabinetry	

Manager / Landlord Signature	
Tenant Signature	
Tenant Signature	