

INVENTORY & CONDITION REPORT

Apt. _____

20 _____

address _____

Report to be completed by 1st Tenant to occupy apt. & submitted within 3 days of taking occupancy

Failure to return report will be considered Lessee's satisfactory acceptance of the premises as being in a good and clean condition.

KITCHEN – DINING ROOM

CONDITION

OFFICE USE

Floor	_____	_____
Walls	_____	_____
Blinds	_____	_____
Windows	_____	_____
Counters	_____	_____
Cupboards	_____	_____
Refrigerator	_____	_____
Range/Oven	_____	_____
Light Fixtures	_____	_____
Other:	_____	_____

LIVING ROOM – HALL

CONDITION

Carpet	_____	_____
Walls-Ceiling	_____	_____
Door - Hdwe	_____	_____
Windows	_____	_____
Blinds	_____	_____
Screens	_____	_____
Light Fixture	_____	_____
Cabinets	_____	_____
Other	_____	_____

BATH _____

CONDITION

Floor	_____	_____
Walls-Ceiling	_____	_____
Cabinet	_____	_____
Tub/ Shower	_____	_____
Medicine Cab.	_____	_____
Sink / Fixture	_____	_____
Light Fixture	_____	_____
Towel Bar/ TP Holder	_____	_____
Toilet / Seat	_____	_____

BATH _____

CONDITION

Floor	_____	_____
Walls-Ceiling	_____	_____
Cabinet	_____	_____
Tub/ Shower	_____	_____
Medicine Cab.	_____	_____
Sink/ Fixture	_____	_____
Light Fixture	_____	_____
Towel Bar/ TP Holder	_____	_____
Toilet / Seat	_____	_____

Complete other side of form and sign.

BEDROOM _____	CONDITION	OFFICE USE
Carpet	_____	_____
Walls-Ceiling	_____	_____
Light Fixture	_____	_____
Window	_____	_____
Blinds	_____	_____
Screen	_____	_____
Door/ Hdwe.	_____	_____
Smoke Alarm	_____	_____
Closet	_____	_____
Other	_____	_____

BEDROOM _____	CONDITION	
Carpet	_____	_____
Walls-Ceiling	_____	_____
Light Fixture	_____	_____
Windows	_____	_____
Blinds	_____	_____
Screens	_____	_____
Doors/ Hdwe..	_____	_____
Smoke Alarm	_____	_____
Other	_____	_____

BEDROOM _____	CONDITION	
Carpet	_____	_____
Walls-Ceiling	_____	_____
Light Fixtures	_____	_____
Windows	_____	_____
Blinds	_____	_____
Screens	_____	_____
Doors/ Hdwe..	_____	_____
Smoke Alarm	_____	_____
Other	_____	_____

OTHER:	CONDITION	
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

LESSEE SIGNATURES:

(Signature hereto acknowledges that the premises are in a good and clean condition, except as noted above.)

_____ 20__

_____ 20__

_____ 20__

_____ 20__

Received by Lessor on:

_____ 20__

**SUBMIT ORIGINAL TO SHULTS & ASSOCIATES WITHIN THREE DAYS OF TAKING OCCUPANCY
MAKE A COPY FOR YOUR FILES**