

# Tenant Rental Property Condition Checklist

Tenant Name:

Property Address:

Move-in Date:

Move-out Date:

## General Condition Checklist

Area/Item	Condition at Move-In	Condition at Move-Out	Notes
Living Room			
Kitchen			
Bedroom(s)			
Bathroom(s)			
Floors/Carpet			
Walls/Ceiling			
Windows/Screens			
Doors/Locks			
Light Fixtures			
Appliances			
Smoke/CO2 Detectors			
Other			

## Additional Comments / Damages Noted

Tenant Signature:

Date:

Landlord/Agent Signature:

Date:

