

**CHECK-IN CONDITION REPORT
CONDITION UPON ENTERING**

Name _____ Date of Occupancy _____

Address (Permanent) _____

Address of Rental Unit _____

Fill this checklist out for each room. Be sure to document the condition for all items. Check if item is not up to your standards.

	Needs Cleaning	Needs Painting	Needs Repair	Exact Location Describe Problem &
Front & Back Entries				
1. Stairs				
2. Porch				
3. Door and locks				
4. Storm door				
5. Windows				
Living Room				
1. Carpets/rugs				
2. Floors				
3. Drapes/curtains				
4. Curtain rods				
5. Windows				
6. Storm windows				
7. Screens				
8. Lamps				
9. Light fixtures				
10. Doors				
11. Locks/chains				
12. Closet				
13. Ceiling				
14. North wall				
15. South wall				
16. East wall				
17. West wall				

Note: Be sure to specify location of nail holes.

Needs Needs Needs Describe Problem &

Cleaning Painting Repair Exact Location

Kitchen

- 1. Flooring
- 2. Windows
- 3. Storm windows
- 4. Screens
- 5. Curtains
- 6. Curtain rods
- 7. Light fixtures
- 8. Ceiling
- 9. North wall
- 10. South wall
- 11. East wall
- 12. West wall
- 13. Tiles
- 14. Counter tops
- 15. Doors and locks
- 16. Garbage disposal
- 17. Stove top & exterior
- 18. Oven
- 19. Broiler pan &
broiler
- 20. Refrigerator -
exterior
- 21. Refrigerator -
interior
- 22. Refrigerator -
shelves
- 23. Exhaust fan

Bathroom

- 1. Flooring
- 2. Carpet/rugs
- 3. Windows
- 4. Storm windows
- 5. Screens
- 6. Curtains
- 7. Curtain rods
- 8. Light fixtures
- 9. Doors and locks

<p style="text-align: center;">Needs</p>			
<p style="text-align: center;">Needs</p>			

Bathroom Con=t.

- 10. Locks
- 11. Ceiling
- 12. North Wall
- 13. South Wall
- 14. East Wall
- 15. West Wall
- 16. Tiles
- 17. Counter tops
- 18. Sinks
- 19. Bath tub
- 20. Shower
- 21. Shower curtain
- 22. Drawers
- 23. Cabinets
- 24. Toilet
- 25. Mirror
- 26. Towel racks

Bedroom #1

- 1. Carpets/rugs
- 2. Floors
- 3. Drapes/curtains
- 4. Windows
- 5. Curtain rods
- 6. Storm windows
- 7. Screens
- 8. Lamps
- 9. Light fixtures
- 10. Ceiling
- 11. North wall
- 12. South wall
- 13. East wall
- 14. West wall
- 15. Doors and locks
- 16. Locks/chains

Needs Cleaning	Needs Painting	Needs Repair Exact	Describe Problem & Location

Bedroom #2

- 1. Carpets/rugs
- 2. Floors
- 3. Drapes/curtains
- 4. Windows
- 5. Curtain rods
- 6. Storm windows
- 7. Screens
- 8. Lamps
- 9. Light fixtures
- 10. Ceiling
- 11. North wall
- 12. South wall
- 13. East wall
- 14. West wall
- 15. Doors and locks
- 16. Locks and chains

Hallways

- 1. North wall
- 2. South wall
- 3. East wall
- 4. West wall
- 5. Doors and locks
- 6. Rugs/carpets
- 7. Ceiling
- 8. Closets
- 9. Windows
- 10. Drapes/curtains
- 11. Storm windows
- 12. Screens

ANY ADDITIONAL ROOMS OR FURNITURE

The above facility and furnishings were in the above stated condition when I (we) took occupancy and a copy of this instrument was transmitted to the landlord by _____, on _____.

SIGNATURE OF TENANT

DATE

SIGNATURE OF TENANT

DATE

Prepared by Students' Legal Assistance (SA funded)

3/01 -C:/OFFICE/FORMS/CHECKINREPORT