

Unit Condition Form

Address _____

Tenant Name _____

Date Of Inspection _____ Move In Date _____

**Check The Items That Are In Good Condition
Give A Brief Description Of Items That Need Repair**

Kitchen

Doors _____ Walls _____

Ceiling _____ Floor _____

Sink _____ Stove _____

Cabinets _____ Closet _____

Lighting _____ Windows _____

Other _____

Living Room

Doors _____ Walls _____

Ceiling _____ Floor _____

Lighting _____ Windows _____

Other _____

Dining Room

Doors _____ Walls _____

Ceiling _____ Floor _____

Lighting _____ Windows _____

Other _____

Bathroom

Doors _____ Walls _____

Ceiling _____ Floor _____

Lighting _____ Windows _____

Sink/Cabinet _____ Tub/Shower _____

Other _____

Bedroom #1, Location _____

Doors _____ Walls _____

Ceiling _____ Floor _____

Lighting _____ Windows _____

Other _____

