



Property Condition Report

Resident(s) _____ Date _____
 Address _____ Unit # _____

PRE/AT OCCUPANCY	ND= No Damage				POST OCCUPANCY			
Item	Condition unless noted otherwise	Exception			Move Out Condition	Cost per item to clean or replace	#	Total Cost
Kitchen:								
Floors	Clean, ND					10		
Walls/Ceiling	Paint Good					10		
Counters	Paint Good					10		
Cabinets/Drawers	Clean, ND					10		
Stove/Oven	Clean, ND					25		
Drip Pans	Clean, ND					5		
Hood, Filter Fan	Clean, ND					25		
Refrigerator	Clean, ND					15		
Dishwasher	Clean, Working, ND					5		
Sink & Stopper	Clean, Working, ND					10		
Lights	Clean, Working					10		
Windows/ Track, Screens	Clean, No Breaks					15		
Other:								
Living & Dining Area:								
Floor/Carpet	Clean, ND or spots					50		
Carpet Rips/Tears/Burns	Clean, ND					25		
Vacuuming Only	Clean, ND					10		
Walls/Ceiling	Paint Good					20		
Lights, Dimmer Switch	Working, Clean					12		
Heating, AC	Working, Clean					10		
Blinds	Clean, Working					30		
Windows/Tracks, Screens	Clean, ND					15		
Fireplace	Clean, ND					2		
Ceiling Fans	Clean, ND					10		
Bedroom:		1	2	3	1	2	3	
Floor/Carpet	Clean, ND							20
Carpet Rips/Tears/Burns	Clean, ND							25
Vacuuming Only	Clean, ND							10
Walls/Ceiling	Paint Good, ND							20
Lights, Dimmer Switch	Clean, Working, ND							15
Blinds	Clean, ND							25
Windows/Tracks, Screens	Clean, No Breaks							15
Closets	Clean, ND							5
Other:								
Bathroom:		1	2		1	2		
Floor	Clean, ND							10
Walls/Ceiling	Paint Good, ND							10

