



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		

