Move In Property Condition Report Very Good=V Satisfactory=S Broken=B Dirty=D Missing=M

Condition

Address: Tenant(s) Name:		Move In Condition Move In Date:		Move Out Condition Move Out Date:	
	Ceiling				
Living Room	Light Fixtures				
	Walls				
	Floor				
	Windows including				
	Storm inserts & screens				
	Fireplace				
Dining Room	Ceiling				
	Light Fixtures				
	Walls				
	Floor				
	Windows including				
	Storm inserts & screens				
	Ceiling				
	Light Fixtures				
TT1. 1	Walls				
Kitchen	Floor				
	Windows including				
	Storm inserts & screens				
	Stove				
	Refrigerator				
	Sink				
	Pantry				
	Ceiling				
Bath 1	Light Fixtures				
	Walls				
	Floor				
	Windows including				
	Storm inserts & screens				
	Toilet, tub, sink				
Bath 2	Vanity, mirror				
	Ceiling				
	Light Fixtures	$\left \right $			
	Walls	<u> </u>			
	Floor	<u> </u>			
	Windows including Storm inserts & screens				
	Toilet, tub, sink				
	Vanity, mirror				
	Ceiling	$\left \right $			
		$\left \right $			
	Light Fixtures	$\left \right $			
Dadraam 1	Walls	$\left \right $			
Bedroom 1	Floor				

	Windows including		
	Storm inserts & screens		
	Closets		
Bedroom 2	Ceiling	 	
	Light Fixtures		
	Walls		
	Floor		
	Windows including		
	Storm inserts & screens		
	Closets		
Bedroom 3	Ceiling	 	
	Light Fixtures		
	Walls		
	Floor		
	Windows including		
	Storm inserts & screens		
	Closets		
	Ceiling	 	
	Light Fixtures		
	Walls		
Bedroom 4	Floor		
or Den	Windows including		
	Storm inserts & screens		
	Closets		
Porch/ Basement/ /Attic	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows including		
	Storm inserts & screens		
	Closets		
	Stairs		
Exterior	Stairs		
	Doors		
	Lawn		
	Driveway		
	Mailbox		
	Garbage Cans		
Notes:		•	

Tenants are welcome to provide any additional documentation including photo or video of your unit. Please email this report as a PDF attachment and any additional documentation no later than 7 days after occupancy. If you don't provide this report or other documentation within 7 days, it is not valid.

Tenant (s) :_____ Date_____

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