

# Statement Of Condition

On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ a thorough inspection of the premises known as \_\_\_\_\_

Unit # \_\_\_\_\_ (if applicable), in the

City of \_\_\_\_\_ State of California \_\_\_\_\_

	<b>Condition</b>	
<u>Items</u>	<u>Move In</u>	<u>Move Out</u>
<b>Living Room and Dining Room</b>		
Carpeting	_____	_____
Doors, locks	_____	_____
Draperies	_____	_____
Electrical fixtures, walls, ceiling	_____	_____
Electrical switches, outlets	_____	_____
Floors, baseboards	_____	_____
Windows, screens	_____	_____
Misc. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

<b>Kitchen</b>		
Cabinets, counter surfaces	_____	_____
Draperies/curtains	_____	_____
Electrical fixtures	_____	_____
Electrical switches, outlets	_____	_____
Floors, baseboards	_____	_____
Oven	_____	_____
Plumbing	_____	_____
Range, fan, hood	_____	_____
Refrigerator	_____	_____
Sink, disposer	_____	_____
Walls, ceiling	_____	_____
Windows, screens	_____	_____
Misc. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

	#1	#2	#1	#2
<b>Bathrooms</b>				
Doors, locks	_____	_____	_____	_____
Electrical fixtures, fan	_____	_____	_____	_____
Electrical switches, outlets	_____	_____	_____	_____
Floors, baseboards	_____	_____	_____	_____
Plumbing fixtures	_____	_____	_____	_____



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Items	Move In		Move Out	
	#1	#2	#1	#2
<b>Bathrooms (cont.)</b>				
Shower door, curtain	_____	_____	_____	_____
Shower, tub	_____	_____	_____	_____
Sink, medicine cabinet	_____	_____	_____	_____
Toilet	_____	_____	_____	_____
Towel racks	_____	_____	_____	_____
Walls, ceiling	_____	_____	_____	_____
Windows, screens	_____	_____	_____	_____
Misc. _____	_____	_____	_____	_____
_____	_____	_____	_____	_____

	#1	#2	#1	#2
<b>Bedroom</b>				
Carpeting	_____	_____	_____	_____
Closets, doors, tracks	_____	_____	_____	_____
Doors, locks	_____	_____	_____	_____
Draperies	_____	_____	_____	_____
Electrical fixtures	_____	_____	_____	_____
Electrical switches, outlets	_____	_____	_____	_____
Floors, baseboards	_____	_____	_____	_____
Walls, ceiling	_____	_____	_____	_____
Windows, screens	_____	_____	_____	_____

	#3	#4	#3	#4
<b>Bedroom</b>				
Carpeting	_____	_____	_____	_____
Closets, doors, tracks	_____	_____	_____	_____
Doors, locks	_____	_____	_____	_____
Draperies	_____	_____	_____	_____
Electrical fixtures	_____	_____	_____	_____
Electrical switches, outlets	_____	_____	_____	_____
Floors, baseboards	_____	_____	_____	_____
Walls, ceiling	_____	_____	_____	_____
Windows, and screens	_____	_____	_____	_____

<b>Other</b>				
Air conditioning	_____	_____	_____	_____
Fencing	_____	_____	_____	_____
Garage or carport	_____	_____	_____	_____
Heating	_____	_____	_____	_____
Patio, balcony	_____	_____	_____	_____
Yard areas	_____	_____	_____	_____

<b>Unit Inspected and Accepted as Noted</b>	<b>Unit Inspected and Vacated as Noted</b>
Date _____	Date _____
_____ Signature of Resident	_____ Signature of Resident
_____ Signature of Owner/Agent for Owner	_____ Signature of Owner/Agent for Owner



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