

MOVE-IN CONDITION FORM



Address: _____

Date: _____

Tenant(s): _____

Instructions

Key

Please return a copy of this form to Parks Property Management within 48 hours of moving in.

✓ - OK NR - Needs Repair N/A - Not Applicable
Provide Description of Condition

Item	Please use this space to note condition of item(s)
KEYS	
Door	
Mail Box	
Other	
LIVING/DINING ROOM	
Walls/Ceiling	
Flooring/Carpet	
Doors	
Glass	
Drapes/Blinds/Etc	
KITCHEN	
Overall Cleanliness	
Range/Oven	
Refrigerator	
Counters/Cabinets	
Sink	
Dishwasher	
Garbage Disposal	
Flooring/Carpet	
Glass	
Walls/Ceiling	
HALLS	
Walls/Ceiling	
Flooring/Carpet	
Doors	

BEDROOM #1	
Walls/Ceiling	
Flooring/Carpet	
Closet/Closet Door	
Door	
Windows/Blinds/Etc	
Other	
BEDROOM #2	
Walls/Ceiling	
Flooring/Carpet	
Closet/Closet Door	
Door	
Windows/Blinds/Etc	
Other	
BEDROOM #3	
Walls/Ceiling	
Flooring/Carpet	
Closet/Closet Door	
Door	
Windows/Blinds/Etc	
Other	
BEDROOM #4	
Walls/Ceiling	
Flooring/Carpet	
Closet/Closet Door	
Door	
Other	
BATH #1	
Overall Cleanliness	
Tub/Shower	
Sink	
Commode/Seat	
Tile	
Vanity	
Flooring	
Door	
Glass/Mirror	

BATH #2	
Overall Cleanliness	
Tub/Shower	
Sink	
Commode/Seat	
Tile	
Vanity	
Flooring	
Door	
Glass/Mirror	
BATH #3	
Overall Cleanliness	
Tub/Shower	
Sink	
Commode/Seat	
Tile	
Vanity	
Flooring	
Door	
Glass/Mirror	
MISCELLANEOUS	
Smokes Detectors	
Fire Extinguishers	
Storage Room	
Garage	
HVAC	
Furniture	
Fireplace	
Shed	
OTHER	

Property Manager Signature: _____

Date: _____

Tenant(s) Signature: _____

Date: _____