

ITEMS	CONDITION		Hours	Cost to Correct	
	Move-In	Move-Out		Parts/Total	
Bedroom 3 N S E W					
Doors & Locks					
Carpet/Floors					
Wall/Ceiling					
Windows/Drapes					
Electrical Fixtures					
Closets					
Other					
Bathroom (Master)					
Doors & Locks					
Floors					
Wall/Ceiling					
Windows					
Lavatory/Faucets					
Shower/Tub					
Toilet					
Electrical Fixtures					
Vanity/Cabinet					
Other					
Bathroom (2)					
Doors & Locks					
Floors					
Wall/Ceiling					
Windows					
Lavatory/Faucets					
Shower/Tub					
Toilet					
Electrical Fixtures					
Vanity/Cabinet					
Other					
			Total	\$	\$
Move-In Inspection Performed By:			Date:		
Move-Out Inspection Performed By:			Date:		

I HEREBY ACCEPT THE CONDITION OF APARTMENT NO. _____ AS IS WITH THE EXCEPTIONS NOTED ABOVE. (TENANT): _____
DATE: _____

I have been advised that this form can be used to determine damages for which I will be held responsible at move out and that in an action to recover damages, this statement is presumptive evidence of the condition of the premises and its contents at the time I took possession of the property. I also understand that I have ten (10) days from this date to return a copy of this form to the Landlord, noting any damages/problems not noted on original inspection, without any charge against my security deposit.

Tenant's Signature: _____ Date Returned: _____