

PROPERTY CONDITION REPORT

Property#: _____ Address: _____

The following is an account of the condition of the premises when the home was inspected on the indicated date. A comparison will be made between this report and that made when you vacate the home. Please:

- Enter any appropriate remarks, descriptions or explanations under "Comments".
- Enter your new home telephone number on the last page.
- Sign and date the last page, and return the report to the address below within five (5) days. A copy of the signed inspection will be returned to you.

All of the following items/areas are in good condition, in good working order, or well maintained unless otherwise noted.

EXTERIOR

N/A COMMENTS

Landscaping	_____
Fences Gates	_____
Swimming Pool Hot Tub	_____
Garage Carport	# _____ :
Driveway Sidewalks	_____
Front Porch	_____
Front Door	_____
Rear Porch	_____
Rear Door	_____
Patio Deck Balcony	_____
Siding: Wood Vinyl Aluminum	_____
Trim/Shutters	_____
Windows/Screens	_____
Gutters/Downspouts	_____
Roof	_____
Shed	_____
Other	_____

INTERIOR**N/A COMMENTS****Foyer: Level = L2** **L1** **M** **U1** **U2**

2-Story? _____

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Light Fixtures _____

Closets _____

Other _____

Living Room: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Windows/Treatments _____

Light Fixtures _____

Fireplace _____

Other _____

Dining Room: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Windows/Treatments _____

Light Fixtures _____

Other _____

Kitchen: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Windows/Treatments _____

Light Fixtures _____

INTERIOR CONTINUED**N/A COMMENTS**

Counter Tops/Sinks

Cabinets/Drawers

Pantry

Other

Den/Library: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Fireplace

Other

Breakfast Room: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Fireplace

Other

Family Room: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____ 2-Story? _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Fireplace

Other

INTERIOR CONTINUED**N/A COMMENTS**Laundry/Mud Room: Level = L2 L1 M U1 U2

Size = _____ X _____

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Windows/Treatments _____

Light Fixtures _____

Other _____

Hallway: Level = L2 L1 M U1 U2

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Stairs/Banisters _____

Light Fixtures _____

Closets _____

Pull-Down Attic Stairs _____

Other _____

Hallway: Level = L2 L1 M U1 U2

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

Stairs/Banisters _____

Light Fixtures _____

Closets _____

Pull-Down Attic Stairs _____

Other _____

Master Bedroom: Level = L2 L1 M U1 U2

Size = _____ X _____

Flooring _____

Walls/Ceiling _____

Doors/Trim _____

INTERIOR CONTINUED**N/A COMMENTS**

Windows/Treatments

Light Fixtures

Fireplace

Closets

Other

Master BR Sitting Room:

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Closets

Other

Master Bathroom: Level = L2 L1 M U1 U2

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Cabinets

Vanity Sink

Shower Tub Jacuzzi

Commode

Light Fixtures

Vent Fan

Other

Second Bedroom: Level = L2 L1 M U1 U2 Size = _____ X _____ 2nd MBR? _____

Flooring

Walls/Ceiling

Doors/Trim

INTERIOR CONTINUED**N/A COMMENTS**

Windows/Treatments

Light Fixtures

Closets

Other

Third Bedroom: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Closets

Other

Fourth Bedroom: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Closets

Other

Fifth Bedroom: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Closets

Other

Sixth Bedroom: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

INTERIOR CONTINUED**N/A COMMENTS**

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Closets

Other

Second Bathroom: Level = L2 L1 M U1 U2

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Cabinets

Vanity Sink

Shower Tub Jacuzzi

Commode

Light Fixtures

Vent Fan

Other

Third Bathroom: Level = L2 L1 M U1 U2

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Cabinets

Vanity Sink

Shower Tub Jacuzzi

Commode

Light Fixtures

INTERIOR CONTINUED**N/A COMMENTS**

Vent Fan

Other

Fourth Bathroom: Level = L2 **L1** **M** **U1** **U2**

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Cabinets

Vanity Sink

Shower Tub Jacuzzi

Commode

Light Fixtures

Vent Fan

Other

Fifth Bathroom: Level = L2 **L1** **M** **U1** **U2**

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Cabinets

Vanity Sink

Shower Tub Jacuzzi

Commode

Light Fixtures

Vent Fan

Other

Solarium: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

INTERIOR CONTINUED**N/A COMMENTS**

Doors/Trim

Windows/Treatments

Light Fixtures

Fireplace

Closets

Other

Recreation Room: Level = L2 **L1** **M** **U1** **U2**

Size = _____ X _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Fireplace

Closets

Other

Basement **Attic** **Level = L2** **L1** **M** **U1** **U2** Size = _____ X _____ Finished? _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Other

Utility Room: Level = L2 **L1** **M** **U1** **U2** Size = _____ X _____ Finished? _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Other

INTERIOR CONTINUED**N/A COMMENTS**

Storage Room: Level = L2 L1 M U1 U2 Size = _____ X _____ Finished? _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Other

Other Room: Level = L2 L1 M U1 U2 Size = _____ X _____ Finished? _____

Flooring

Walls/Ceiling

Doors/Trim

Windows/Treatments

Light Fixtures

Other

APPLIANCES & SYSTEMS**N/A COMMENTS**

Range w/Oven

E _____ G _____ : _____

Self Clean Contin. Clean

Cook Top

E _____ G _____ : _____

Wall Oven

_____ E _____ G _____ : _____

Microwave Oven

Range Hood Exhaust Fan

Refrigerator

Ice Maker Water Dispenser

Garbage Disposal

Dishwasher

Clothes Washer

Clothes Dryer

E _____ G _____ : _____

Water Heater

E _____ G _____ : _____

APPLIANCES & SYSTEMS**N/A****COMMENTS**

Furnace #1

E _____ G _____ : _____

Furnace #2

E _____ G _____ : _____

Thermostat(s)

_____ : _____

Humidifier

Dehumidifier

Sump Pump

Furnace Filter

Central A/C

Attic Fan

Window Unit(s) A/C

_____ : _____

Central Vacuum

Garage Door Opener(s)

_____ : _____

Smoke Detectors

_____ : _____

Carbon Monoxide Detector (s)

_____ : _____

Security System

Intercom

Additional Appliance(s)

Other

Fuel Oil Level

FEATURES

Yard: Fully Fenced Partially Fenced Fenced Rear Backs to Common Area Backs to Woods

Basement: Fully Finished Partially Finished Unfinished Rear Entrance Side Entrance

Walkout Level Walk Out Stairs Connecting Stairs

Doors: Storm Insulated SGD French Walk-In Closet(s)? _____

Windows: Bay/Bow Palladian Skylight

Ceilings: Vaulted Cathedral Tray 9'+

Kitchen/Dining Room: Island Table Space Breakfast Bar Breakfast Room FR off KT

KT-FR Combo KT-DR Combo KT-LR Combo LR-DR Combo Separate DR Dining "L"

Directions:

Contact the referenced vendors for the following utilities and services.

Electric: _____

Gas: _____

Water: _____

Sewer: _____

Cable TV: _____

Trash: _____

Location of main water shut-off (**Red Tag**): _____

Location of outside faucet(s) shut-off (**Green Tag**): _____

Location of circuit breaker or fuse box: _____

Location of gas meter: _____

Location of smoke detector(s): _____

Location of carbon monoxide detector(s): _____

Location of furnace filter(s): _____

Additional Lease Covenants:

Indicate the total number of different property keys by placing a "1" on the appropriate line. If a door has two different locks, place a "2" on the line. Front _____ Back _____ Side _____ Garage _____ Lobby _____ Mailbox _____ Laundry _____ Storage _____ Window _____ Other _____

Any visible evidence of mold in areas readily accessible within the interior of the dwelling unit? _____

If so, indicate location _____

New home telephone number: _____ Email address: _____

Tenant

Tenant

Tenant

Tenant

Inspected by _____ Date _____

In the event this document is not signed and returned to our office, the condition of the property as noted on this report shall be presumed to be accurate.