

**UNIT INFORMATION**

Building Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Resident Name(s) \_\_\_\_\_

**KEY & INSTRUCTIONS**

Each item has been given a column description of 'G' for good, 'F' for fair and 'P' for poor. Mark each column that applies to the item and make any necessary comments about the condition – please be specific. Each checkbox must have something written in to indicate the condition of the Use the back of these pages or additional sheets as needed for details.

GROUPS	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Fences / Gates								
Landscape								
Lawn								
Other:								
<b>ENTRY / HALL / STAIRS</b>								
Ceiling								
Closet / Shelves								
Entry Door / Locks								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								

<b>LIVING ROOM</b>	<b>DETAILED CONDITION AT MOVE-IN</b>	<b>G</b>	<b>F</b>	<b>P</b>	<b>DETAILED CONDITION AT MOVE-OUT</b>	<b>G</b>	<b>F</b>	<b>P</b>
Ceiling								
Door(s)								
Fireplace								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
<b>KITCHEN</b>								
Cabinets & Counters								
Ceiling								
Dishwasher Make: _____ Serial #: _____								
Disposal								
Door(s)								
Floor Type: _____								
Light Fixtures								
Refrigerator Make: _____ Serial #: _____								
Sink / Faucet								

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
 RESIDENT INITIALS: \_\_\_\_\_

<b>KITCHEN</b>	<b>DETAILED CONDITION AT MOVE-IN</b>	<b>G</b>	<b>F</b>	<b>P</b>	<b>DETAILED CONDITION AT MOVE-OUT</b>	<b>G</b>	<b>F</b>	<b>P</b>
Stove Make: _____ Serial #: _____								
Hood / Fan / Filter / Microwave								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other:								
<b>BATHROOM 1</b>	PLEASE SPECIFY ROOM LOCATION: _____							
Cabinets / Counters								
Ceiling								
Door(s)								
Exhaust Fans / Heater								
Floor Type: _____								
Light Fixtures								
Sink / Faucet								
Toilet								
Towel Racks / Accessories								
Tub / Shower / Showerhead / Tub Faucet								
Walls								
Window Coverings Type: _____								

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
 RESIDENT INITIALS: \_\_\_\_\_

<b>BATHROOM 1</b>		<b>DETAILED CONDITION AT MOVE-IN</b>			<b>DETAILED CONDITION AT MOVE-OUT</b>		
		<b>G</b>	<b>F</b>	<b>P</b>	<b>G</b>	<b>F</b>	<b>P</b>
Windows / Tracks / Screens							
Other:							
<b>BATHROOM 2</b>		PLEASE SPECIFY ROOM LOCATION: _____					
Cabinets / Counters							
Ceiling							
Door(s)							
Exhaust Fans / Heater							
Floor Type: _____							
Light Fixtures							
Sink / Faucet							
Toilet							
Towel Racks / Accessories							
Tub / Shower / Showerhead / Tub Faucet							
Walls							
Window Coverings Type: _____							
Windows / Tracks / Screens							
Other:							
<b>BEDROOM 1</b>		PLEASE SPECIFY ROOM LOCATION: _____					
Ceiling							
Closets / Shelves							

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
 RESIDENT INITIALS: \_\_\_\_\_

<b>BEDROOM 1</b>	<b>DETAILED CONDITION AT MOVE-IN</b>	<b>G</b>	<b>F</b>	<b>P</b>	<b>DETAILED CONDITION AT MOVE-OUT</b>	<b>G</b>	<b>F</b>	<b>P</b>
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
<b>BEDROOM 2</b>	PLEASE SPECIFY ROOM LOCATION: _____							
Ceiling								
Closets / Shelves								
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
<b>BEDROOM 3</b>	PLEASE SPECIFY ROOM LOCATION: _____							
Ceiling								
Closets / Shelves								

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
RESIDENT INITIALS: \_\_\_\_\_

<b>BEDROOM 3</b>	<b>DETAILED CONDITION AT MOVE-IN</b>	<b>G</b>	<b>F</b>	<b>P</b>	<b>DETAILED CONDITION AT MOVE-OUT</b>	<b>G</b>	<b>F</b>	<b>P</b>
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
<b>UTILITY ROOM</b>								
Ceiling								
Closets / Shelves								
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
<b>GARAGE</b>								
Cabinet / Shelves								
Entry Door / Locks								

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
 RESIDENT INITIALS: \_\_\_\_\_

<b>GARAGE</b>	<b>DETAILED CONDITION AT MOVE-IN</b>	<b>G</b>	<b>F</b>	<b>P</b>	<b>DETAILED CONDITION AT MOVE-OUT</b>	<b>G</b>	<b>F</b>	<b>P</b>
Floor Type: _____								
Garage Door / Locks / Open								
Light Fixtures								
Walls								
Windows / Tracks / Screens								
Other: _____								

<b>GENERAL</b>								
Storage Area								
Washer Make: _____ Serial #: _____								
Dryer Make: _____ Serial #: _____								
Water Heater – set to 120* <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> inaccessible								
Smoke Detector <input type="checkbox"/> yes <input type="checkbox"/> no								
Carbon Monoxide Detector <input type="checkbox"/> yes <input type="checkbox"/> no								
Other: _____								

<b>OTHER ROOM 1</b>	PLEASE SPECIFY ROOM TYPE: _____							
Ceiling								
Closet / Shelves								
Door(s)								
Floor Type: _____								
Light Fixtures								

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
RESIDENT INITIALS: \_\_\_\_\_

OTHER ROOM 1	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								

OTHER ROOM 2	PLEASE SPECIFY ROOM TYPE: _____	G	F	P	G	F	P
Ceiling							
Closet / Shelves							
Door(s)							
Floor Type: _____							
Light Fixtures							
Walls							
Window Coverings Type: _____							
Windows / Tracks / Screens							
Other: _____							

**ACKNOWLEDGMENT**

I / We have inspected the above unit prior to occupancy and accept the unit as habitable with the conditions noted. I / We understand that upon vacating the above unit, charges will be assessed for cleaning required. Repair and replacement costs resulting from resident negligence will also be added.

This checklist is pursuant to Washington State Landlord / Tenant Law, RCW 59.18.260. Both Resident and Owner / Agent should retain a signed copy of the completed Property Condition Checklist with your rental agreement.

**MOVE-IN**

**MOVE-OUT**

RESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

OWNER / AGENT \_\_\_\_\_ DATE \_\_\_\_\_

RESIDENT \_\_\_\_\_ DATE \_\_\_\_\_

OWNER / AGENT \_\_\_\_\_ DATE \_\_\_\_\_

**MOVE-IN:** OWNER / AGENT INITIALS: \_\_\_\_\_ **MOVE-OUT:** OWNER / AGENT INITIALS: \_\_\_\_\_  
RESIDENT INITIALS: \_\_\_\_\_