



CONDITION INSPECTION REPORT

| | | | |
|------------------------|---|----------------|--------|
| TENANT(S) | PREMISES | | |
| MOVE- IN DATE 10/01/09 | MOVE-IN PHOTOS <input checked="" type="checkbox"/> OR N | MOVE-IN VIDEO | Y OR N |
| MOVE-OUT DATE | MOVE-OUT PHOTOS Y OR N | MOVE-OUT VIDEO | Y OR N |

The premises are being delivered in clean, sanitary, and good operating condition, with no spots, stains or damages, unless otherwise noted below in the "Move In Condition" box. If indicated above, the condition of the premises has been fully documented, dated, witnessed and verified on video tape and photographs.

| AREA OR ITEM | CONDITION AT MOVE- IN | CONDITION AFTER MOVE- OUT | CHARGES |
|--------------|-----------------------|---------------------------|---------|
|--------------|-----------------------|---------------------------|---------|

| | | | |
|--|----------|----------|-------|
| | √ = O.K. | √ = O.K. | |
| LIVING ROOM, DINING & HALLS | | | |
| Walls/Ceiling..... | _____ | _____ | _____ |
| Floor/Carpet..... | _____ | _____ | _____ |
| Closets/Doors/Locks..... | _____ | _____ | _____ |
| Lights/Mirrors..... | _____ | _____ | _____ |
| Window Treatments..... | _____ | _____ | _____ |
| Windows/Screens..... | _____ | _____ | _____ |
| Fireplace(s)..... | _____ | _____ | _____ |

| | | | |
|----------------------------|-------|-------|-------|
| KITCHEN | | | |
| Walls/Ceiling/Floor..... | _____ | _____ | _____ |
| Countertops/Tile..... | _____ | _____ | _____ |
| Cabinets/Closets..... | _____ | _____ | _____ |
| Oven/Stove..... | _____ | _____ | _____ |
| Hood/Fan/Lights..... | _____ | _____ | _____ |
| Refrigerator..... | _____ | _____ | _____ |
| Dishwasher..... | _____ | _____ | _____ |
| Sink/Faucet/Disposal..... | _____ | _____ | _____ |
| Windows/doors/screens..... | _____ | _____ | _____ |

| | | | |
|-------------------------------------|-------|-------|-------|
| BEDROOMS (Specify BR # 1- 4) | | | |
| Walls/Ceiling..... | _____ | _____ | _____ |
| Floor/Carpet..... | _____ | _____ | _____ |
| Lights/Mirrors..... | _____ | _____ | _____ |
| Window Treatments..... | _____ | _____ | _____ |
| Windows/Screens..... | _____ | _____ | _____ |
| Closets/Doors/Shelves..... | _____ | _____ | _____ |

| | | | |
|----------------------------------|-------|-------|-------|
| BATHROOMS (Specify # 1-4) | | | |
| Walls/Ceiling..... | _____ | _____ | _____ |
| Floor..... | _____ | _____ | _____ |
| Cabinets/ Mirrors..... | _____ | _____ | _____ |
| Sink(s)..... | _____ | _____ | _____ |
| Tub/Shower..... | _____ | _____ | _____ |
| Tiles/Grout..... | _____ | _____ | _____ |
| Lights/Vent/Fan..... | _____ | _____ | _____ |
| Toilets..... | _____ | _____ | _____ |
| Windows/Doors..... | _____ | _____ | _____ |
| Towel Bars/Accessories..... | _____ | _____ | _____ |

| | | | |
|-------------------------------|-------|-------|-------|
| WASHER/DRYER..... | _____ | _____ | _____ |
| HEATING/AIR CONDITIONING..... | _____ | _____ | _____ |
| BALCONY/DECK/PATIO..... | _____ | _____ | _____ |
| GARAGE(S)/STORAGE..... | _____ | _____ | _____ |
| GARAGE DOOR(S)..... | _____ | _____ | _____ |
| PARKING AREA..... | _____ | _____ | _____ |
| GARDEN/PLANTS/GRASS..... | _____ | _____ | _____ |
| SMOKE DETECTOR..... | _____ | _____ | _____ |
| NUMBER OF KEYS (SETS)..... | _____ | _____ | _____ |
| FENCES/GATES..... | _____ | _____ | _____ |

| | | | |
|---|-------|--------|------|
| MOVE -IN COMMENTS | _____ | | |
| <p><i>Tenant has inspected the above premises prior to occupancy and accepts it with the conditions and/or exceptions noted above. Tenant acknowledges this report as part of the lease with the Owner for the above premises. Tenant agrees to return the premises in like condition upon termination of tenancy, normal wear and tear excepted.</i></p> | | | |
| Tenant | Date | Tenant | Date |

| | | | |
|---------------------------|-------|--|--|
| MOVE -OUT COMMENTS | _____ | | |
| _____ | | | |
| _____ | | | |

| CLEANING & OTHER CHGS | SECURITY SETTLEMENT | FORWARDING ADDRESS & PHONE # |
|-----------------------|---------------------------------------|------------------------------|
| GENERAL \$ _____ | | _____ |
| WINDOWS \$ _____ | | _____ |
| CARPET \$ _____ | | _____ |
| APPLIANCES \$ _____ | TOTAL SECURITY DEPOSIT \$ _____ | _____ |
| GROUND \$ _____ | TOTAL CREDITS \$ _____ | _____ |
| GUTTERS \$ _____ | | _____ |
| DEBRIS \$ _____ | TOTAL CHARGES - \$ _____ | NEW PHONE # |
| PAINTING \$ _____ | BALANCE DUE FROM TENANT.. \$ _____ | REPORT PREPARED BY: |
| REPAIRS \$ _____ | OR | _____ |
| LATE FEES \$ _____ | BALANCE DUE TO TENANT... \$ _____ | DATE: _____ |
| UNPAID RENT \$ _____ | | |
| TOTAL \$ _____ | | |