

### Sample: Statement of Condition Form

Address of rented facility \_\_\_\_\_

Landlord Name \_\_\_\_\_

Tenant Name \_\_\_\_\_

Note the condition of each item and any need for repair during Check-In and Check-Out.

<b><i>Bedroom(s)</i></b>	<b>Check-In</b>	<b>Check-Out</b>
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Paint/Wallpaper	_____	_____
Radiators/Heating Vents	_____	_____
Closet	_____	_____
Desk/Bureau/Furniture	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
<b><i>Bathroom</i></b>		
Shower/Bathtub (water pressure)	_____	_____
Toilet (water pressure)	_____	_____
Sink (water pressure)	_____	_____

	Check-In	Check-Out
Hot water	_____	_____
Mirror	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Radiators/Heating Vents	_____	_____
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Paint/Wallpaper	_____	_____
Towel Racks	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
<b><i>Living Room</i></b>		
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Paint/Wallpaper	_____	_____

	Check-In	Check-Out
Radiators/Heating Vents	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
<b><i>Kitchen</i></b>		
Refrigerator/Freezer	_____	_____
Oven/Stove	_____	_____
Sink and Disposal	_____	_____
Counter Tops	_____	_____
Cabinets/Drawers	_____	_____
Windows: weather-tight	_____	_____
Windows: screened	_____	_____
Windows: lockable	_____	_____
Windows: shades or blinds	_____	_____
Floors/Carpets	_____	_____
Walls and Ceiling	_____	_____
Paint/Wallpaper	_____	_____
Doors/Locks	_____	_____
Other	_____	_____
Other	_____	_____
Electrical	_____	_____

	Check-In	Check-Out
<i><b>In the following rooms, light fixtures are required.</b></i>		

Kitchen (1)	_____	_____
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Bathroom (1)	_____	_____
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Hallway	_____	_____
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Stairway	_____	_____
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***In the following rooms, two outlets are required.***

Kitchen	_____	_____
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Bedroom *	_____	_____
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Living Room *	_____	_____
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*\*Electric light fixtures may be substituted for an outlet.*

General Comments:

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Signature of Landlord (or Witness) \_\_\_\_\_

Signature of Tenant \_\_\_\_\_

Date of Check-In \_\_\_\_\_ Date of Check-Out \_\_\_\_\_