



PROPERTY CONDITION REPORT

Property Address: _____

Tenant's Name(s): _____

This report is due to Dorman Management Inc. within 10 days from the first day of your lease. Failure to return this report by the due date will cause Tenant(s) to be responsible for all damages to the property. All parties on the lease are required to sign this report.

The purpose of this form is for you to identify any pre-existing damage upon move-in that you do not want to be held accountable for at move-out. Unless there is something written in this report all items are assumed to be in place, clean, fully operational and without defect; writing 'E' or 'excellent', 'G' or 'good', 'ok', or simply placing a check mark would indicate the same. Any damage after move-in (beyond normal wear and tear) will be repaired/replaced at the Tenant(s) expense. We strongly encourage Tenant(s) to conduct a thorough inspection and note any damaged or missing items.

Make sure to describe the location of the rooms to avoid confusion. We also encourage you to take pictures of each area and of any noted deficiencies.

This form is not a repair request. You must submit all requests for repairs separately in accordance with your Lease. Please be sure to keep a copy for your records and attach pages if needed.

FOR OFFICE/INTERNAL USE

- | | |
|---|--|
| <input type="checkbox"/> PM MI RPT X_____ ADMIN CONFIRMATION | • Report has been completed & photos have been saved on the server. |
| <input type="checkbox"/> PM MO RPT X_____ ADMIN CONFIRMATION | • Property is on Lease Expirations Log & S/D Reconciliation Spreadsheet. |
| X_____ ADMIN CONFIRMATION | • Report has been completed & photos have been saved on the server. |
| <input type="checkbox"/> TNT MI RPT X_____ ADMIN CONFIRMATION | • Report received from tenant on ____/____/____. |

MOVE-IN NOTES

Date of Report: __/__/__

MOVE-OUT NOTES

Date of Report: __/__/__

ACCESS

Door Keys _____

Garage Door Remotes _____

Other Keys _____

PROVIDED AT MOVE-IN

_____ Type: _____

RETURNED AT MOVE-OUT

_____ Type: _____

ALL

General Notes _____

EXTERIOR

Front Lawn _____

Back Lawn _____

Fences/Gates _____

Other _____

Propane Tank Level _____

GARAGE

Overhead Door _____

Entry Door _____

Floor _____

Other _____

LIVING ROOM

LOCATION: _____

Walls & Ceiling _____

Flooring _____

Windows/Screens _____

Blinds/Drapes _____

Other

DINING ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

KITCHEN

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

FAMILY ROOM

LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

HALLS

Walls & Ceiling

Flooring

Other

MASTER BEDROOM

① LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

MASTER BATHROOM

① LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BEDROOM

② LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BEDROOM

③ LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BEDROOM

④ LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BATHROOM

② LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BATHROOM

③ LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

LAUNDRY ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

UTILITY ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

OTHER

LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

<u>APPLIANCES ON SITE</u>	<u>BRAND</u>	<u>COLOR</u>
<input type="checkbox"/> Refrigerator	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Range Oven/Stove	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Dishwasher	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Microwave	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Range Hood	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Stainless <input type="checkbox"/> Almond <input type="checkbox"/> Bisque
<input type="checkbox"/> Disposal	_____	
<input type="checkbox"/> Washer	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: _____
<input type="checkbox"/> Dryer	_____	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Other: _____
 <u>OTHER PROPERTY INVENTORY NOTES</u>		

QUALITY CONTROL

There is at least one working smoke detector on each level of the home.
 Yes & Photo(s) taken No • Explain: _____

There are working CO detectors within 15 feet of any/all bedroom doors.
 Yes & Photo(s) taken No • Explain: _____

All light-fixtures are functioning properly with working bulbs:
 Yes No • Explain: _____

All plumbing is running and draining properly:
 Yes No • Explain: _____

All appliances appear to be functioning properly:
 Yes No • Explain: _____

Main Water Valve turned off? (FOR OFFICE/INTERNAL USE)
 Yes No • Sprinkler System Active No • N/A - Apartment Complex No • Explain: _____

The undersigned acknowledge that the above is an accurate assessment of the condition of the property as of the date signed.

X _____ Date ___/___/___
 Tenant

X _____ Date ___/___/___
 Tenant

X _____ Date ___/___/___
 Tenant

X _____ Date ___/___/___
 Tenant

X _____ Date ___/___/___
 Agent

