

Form 5 – Rental Unit Condition Report

Complete at beginning and end of tenancy. The tenant is to receive the original and landlord is to keep a signed copy.

Address of rental unit: _____

Landlord's name: _____ **Tenant's name:** _____

Smoke Alarm – Beginning of Tenancy

- The landlord may enter the rental unit at least once a year to test the smoke alarm. The landlord is required to give the tenant at least 24 hours and not more than 2 weeks' notice before entering.

There is a smoke alarm in the rental unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Location of smoke alarm _____				
The landlord showed the tenant how to test the smoke alarm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The landlord and tenant tested the smoke alarm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The smoke alarm is in working condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
The tenant understands that it is against the law to tamper with a smoke alarm	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Print landlord's name _____	Signature of landlord	Date _____		
Print tenant's name _____	Signature of tenant	Date _____		

Smoke Alarm – End of Tenancy

The smoke alarm is in working condition	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Print landlord's name _____	Signature of landlord	Date _____		
Print tenant's name _____	Signature of tenant	Date _____		

Condition Codes: G=Good B=Broken M=Missing D=Damaged S=Scratched/Marked		Move-in Date:	Move-Out Date:		
Cleanliness Codes: C=Clean DT=Dirty ST=Stained		Condition at Beginning of Tenancy		Condition at End of Tenancy	
		Comment	Code	Comment	Code
Kitchen	Ceiling				
	Walls and Trim				
	Floor				
	Countertop				
	Cabinet and Doors				
	Stove				
	Oven				
	Stove Top				
	Broiler Pan				
	Sinks and Stoppers				
	Garburator				
	Refrigerator				
	Crisper				
	Ice Trays				
	Freezer				
	Closets				
	Dishwasher				
	Lighting Fixtures/Bulbs				
Windows/Coverings/Screens					

Initialed by: Landlord _____ Tenant _____

		Condition at Beginning of Tenancy		Condition at End of Tenancy	
		Comment	Code	Comment	Code
Living Room	Ceiling				
	Walls and Trim				
	Floor				
	Air Conditioner				
	Air Conditioner Cover				
	TV Cable				
	TV Adapter				
	Closets				
	Lighting Fixtures/Bulbs				
	Windows/Coverings/Screens				
Dining Room	Ceiling				
	Walls and Trim				
	Floor				
	Closets				
	Lighting Fixtures/Bulbs				
	Windows/Coverings/Screens				
Stairwell and Hall	Treads and Landings				
	Walls and Trim				
	Ceilings				
	Floor				
	Lighting Fixtures/Bulbs				
	Windows/Coverings/Screens				
Bathroom	Ceiling				
	Walls and Trim				
	Floor				
	Cabinets and Mirror				
	Tub, Sink and Toilet				
	Door				
	Lighting Fixtures/Bulbs				
	Windows/Coverings/Screens				
Bedroom (1)	Ceiling				
	Walls and Trim				
	Floor				
	Closets				
	Doors				
	Lighting Fixtures/Bulbs				
	Windows/Coverings/Screens				
Bedroom (2)	Ceiling				
	Walls and Trim				
	Floor				
	Closets				
	Doors				
	Lighting Fixtures/Bulbs				
	Windows/Coverings/Screens				
Basement	Stair and Stairwell				
	Walls and Floor				
	Furnace, Water Heater and Plumbing				
	Lighting Fixtures/Bulbs				
Exterior	Front and Rear Entrances				
	Patio Doors				
	Garbage Container(s)				
	Glass and Frames				
	Screens and Storm Windows				
	Stucco and/or Siding				
	Light Fixtures/Bulbs				
	Yard and Walks				
Garage or Parking Area					
Keys	Number of Keys				

Initialed by: Landlord _____ Tenant _____

Note: If a room or feature is not covered in this form and you think it's important, include it on an attached page.

Beginning of Tenancy

Move-in Inspection Completed _____ (month/day/year)	
_____ Signature of landlord	_____ Signature of tenant
Check ✓ one of the following and sign: <input type="checkbox"/> agree that this report fairly represents the condition of the rental unit; <input type="checkbox"/> do not agree that this report fairly represents the condition of the rental unit for the following reasons: _____ _____ _____	
_____ Signature of tenant	_____, 20_____ Date
<input type="checkbox"/> The rental unit requires the following repairs: (list repairs) _____ _____ _____	
Landlord agrees to complete repairs by: _____, 20_____ Date _____ Signature of landlord	Date Repairs Completed _____, 20_____ Acknowledged by: _____ Signature of tenant _____, 20_____ Date

End of Tenancy

Move-out inspection completed _____ (month/day/year)	
_____ Signature of landlord	_____ Signature of tenant
Check ✓ one of the following and sign: I, _____ (tenant's name) <input type="checkbox"/> agree that this report fairly represents the condition of the rental unit <input type="checkbox"/> do not agree that this report fairly represents the condition of the rental unit for the following reasons: _____ _____ _____	
I, the tenant, agree to pay for the following damages:	
Item: _____	Cost: _____
Item: _____	Cost: _____
Item: _____	Cost: _____
_____ Signature of tenant	_____ Date

Tenant's forwarding address: (After end of tenancy)

If the rental unit is furnished, this condition report must list the furniture provided by the landlord and the condition of the furniture at the beginning and end of the tenancy.