

PROPERTY CONDITION REPORT

Property Address: _____

Date of Inspection: _____

Occupancy Start Date: _____

Inspected by: _____

Occupants Present: _____

1. GENERAL CONDITION OF PREMISES

Area / Room	Condition	Notes / Comments
Living Room	Excellent / Good / Fair / Poor	
Kitchen	Excellent / Good / Fair / Poor	
Bedrooms	Excellent / Good / Fair / Poor	
Bathroom(s)	Excellent / Good / Fair / Poor	
Hallways / Stairs	Excellent / Good / Fair / Poor	
Outdoor Areas / Garden	Excellent / Good / Fair / Poor	

2. FIXTURES AND FITTINGS

Item	Condition	Notes / Comments
Doors / Handles	Excellent / Good / Fair / Poor	
Windows / Locks	Excellent / Good / Fair / Poor	
Walls / Paint	Excellent / Good / Fair / Poor	
Flooring / Carpet	Excellent / Good / Fair / Poor	
Kitchen Appliances	Excellent / Good / Fair / Poor	
Bathroom Fixtures	Excellent / Good / Fair / Poor	
Lighting / Electrical	Excellent / Good / Fair / Poor	

3. CLEANLINESS AND DAMAGE

Area / Item	Cleanliness	Damage / Wear	Notes
Living Areas	Yes / No	Yes / No	
Bedrooms	Yes / No	Yes / No	
Kitchen	Yes / No	Yes / No	
Bathroom(s)	Yes / No	Yes / No	

Exterior / Garden	Yes / No	Yes / No	
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4. ADDITIONAL COMMENTS

Acknowledgement:

Occupant Signature: _____ Date: _____

Proprietor / Agent Signature: _____ Date: _____