

UNIT INFORMATION

Building Name _____ Date _____

Address _____ City _____ State _____ Zip _____

Resident Name(s) _____

KEY & INSTRUCTIONS

Each item has been given a column description of 'G' for good, 'F' for fair and 'P' for poor. Mark each column that applies to the item and make any necessary comments about the condition – please be specific. Use the back of these pages or additional sheets as needed for details.

GROUPS	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Fences / Gates								
Landscape								
Lawn								
Other:								
ENTRY / HALL / STAIRS								
Ceiling								
Closet / Shelves								
Entry Door / Locks								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								

LIVING ROOM	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Ceiling								
Door(s)								
Fireplace								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								

KITCHEN

Cabinets & Counters								
Ceiling								
Dishwasher Make: _____ Serial #: _____								
Disposal								
Door(s)								
Floor Type: _____								
Light Fixtures								
Refrigerator Make: _____ Serial #: _____								
Sink / Faucet								

MOVE-IN: OWNER / AGENT INITIALS: _____ **MOVE-OUT:** OWNER / AGENT INITIALS: _____
RESIDENT INITIALS: _____

KITCHEN	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Stove Make: _____ Serial #: _____								
Hood, Filter, Fan								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								

BATHROOM 1 PLEASE SPECIFY ROOM LOCATION: _____

Cabinets / Counters								
Ceiling								
Door(s)								
Exhaust Fans / Heater								
Floor Type: _____								
Light Fixtures								
Sink / Faucet								
Toilet								
Towel Racks / Accessories								
Tub / Shower / Showerhead / Tub Faucet								
Walls								
Window Coverings Type: _____								

MOVE-IN: OWNER / AGENT INITIALS: _____ **MOVE-OUT:** OWNER / AGENT INITIALS: _____
RESIDENT INITIALS: _____

BATHROOM 1		DETAILED CONDITION AT MOVE-IN			DETAILED CONDITION AT MOVE-OUT		
		G	F	P	G	F	P
Windows / Tracks / Screens							
Other:							
BATHROOM 2	PLEASE SPECIFY ROOM LOCATION: _____						
Cabinets / Counters							
Ceiling							
Door(s)							
Exhaust Fans / Heater							
Floor Type: _____							
Light Fixtures							
Sink / Faucet							
Toilet							
Towel Racks / Accessories							
Tub / Shower / Showerhead / Tub Faucet							
Walls							
Window Coverings Type: _____							
Windows / Tracks / Screens							
Other:							
BEDROOM 1	PLEASE SPECIFY ROOM LOCATION: _____						
Ceiling							
Closets / Shelves							

MOVE-IN: OWNER / AGENT INITIALS: _____ **MOVE-OUT:** OWNER / AGENT INITIALS: _____
RESIDENT INITIALS: _____

BEDROOM 1	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
BEDROOM 2	PLEASE SPECIFY ROOM LOCATION: _____							
Ceiling								
Closets / Shelves								
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
BEDROOM 3	PLEASE SPECIFY ROOM LOCATION: _____							
Ceiling								
Closets / Shelves								

MOVE-IN: OWNER / AGENT INITIALS: _____ **MOVE-OUT:** OWNER / AGENT INITIALS: _____
RESIDENT INITIALS: _____

BEDROOM 3	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
UTILITY ROOM								
Ceiling								
Closets / Shelves								
Door(s)								
Floor Type: _____								
Light Fixtures								
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								
GARAGE								
Cabinet / Shelves								
Entry Door / Locks								

MOVE-IN: OWNER / AGENT INITIALS: _____ **MOVE-OUT:** OWNER / AGENT INITIALS: _____
RESIDENT INITIALS: _____

GARAGE	DETAILED CONDITION AT MOVE-IN			DETAILED CONDITION AT MOVE-OUT		
	G	F	P	G	F	P
Floor Type: _____						
Garage Door / Locks / Open						
Light Fixtures						
Walls						
Windows / Tracks / Screens						
Other: _____						
GENERAL						
Storage Area						
Washer Make: _____ Serial #: _____						
Dryer Make: _____ Serial #: _____						
Water Heater – set to 120* <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> inaccessible						
Smoke Detector <input type="checkbox"/> yes <input type="checkbox"/> no						
Carbon Monoxide Detector <input type="checkbox"/> yes <input type="checkbox"/> no						
Other: _____						
OTHER ROOM 1	PLEASE SPECIFY ROOM TYPE: _____					
Ceiling						
Closet / Shelves						
Door(s)						
Floor Type: _____						
Light Fixtures						

MOVE-IN: OWNER / AGENT INITIALS: _____ MOVE-OUT: OWNER / AGENT INITIALS: _____
RESIDENT INITIALS: _____

OTHER ROOM 1	DETAILED CONDITION AT MOVE-IN	G	F	P	DETAILED CONDITION AT MOVE-OUT	G	F	P
Walls								
Window Coverings Type: _____								
Windows / Tracks / Screens								
Other: _____								

OTHER ROOM 2	PLEASE SPECIFY ROOM TYPE: _____	G	F	P	G	F	P
Ceiling							
Closet / Shelves							
Door(s)							
Floor Type: _____							
Light Fixtures							
Walls							
Window Coverings Type: _____							
Windows / Tracks / Screens							
Other: _____							

ACKNOWLEDGMENT

I / We have inspected the above unit prior to occupancy and accept it with the conditions noted. I / We understand that upon vacating the above unit, charges will be assessed for cleaning required. Repair and replacement costs resulting from resident negligence will also be added.

This checklist is pursuant to Washington State Landlord / Tenant Law, RCW 59.18.260. Both Resident and Owner / Agent should retain a signed copy of the completed Property Condition Checklist with your rental agreement.

MOVE-IN

MOVE-OUT

RESIDENT DATE

OWNER / AGENT DATE

RESIDENT DATE

OWNER / AGENT DATE

GUIDE TO DAMAGES & NORMAL WEAR AND TEAR

Normal wear and tear can be confusing for many. Normal wear and tear includes deterioration of the premises that occurs during normal conditions. Damage occurs from unreasonable use or can be accidental. Even intentional alterations to the premises are considered damages. The rental premise should be returned to the housing provider in the same condition it was given to the tenant minus wear and tear.

NOTE: Damages caused by things beyond Resident's control (such as building fires, break-ins or natural disasters) may or may not be Resident's responsibility. This list is not intended to determine fault, but just to distinguish between normal wear and tear and more extensive damage.

EXAMPLES:

NORMAL WEAR AND TEAR	DAMAGES
Worn hinges on doors or locks	Doors broken or with holes
A few small tack or nail holes	Wall damage due to hanging pictures or removal of decals. Holes in wall larger than a nail, or excessive holes.
Minor marks on or nicks in wall	Writing / marks on walls, unapproved paint color or excessive dirt requiring more than one coat to cover
Faded, cracked or chipped paint	Repainting due to smoke damage from smoking or burning candles
Loose wallpaper	Ripped, torn or marked wallpaper
Scuffed up wood floors	Wood floors scratched or gouged
Carpeting / curtains slightly worn or faded by sun	Torn, stained or burned carpeting / curtains
A rug worn thin by ordinary use	
Vinyl flooring worn thin	Vinyl flooring with tears, holes or burn marks
Worn countertop	Burns or cuts in countertop
Loose or inoperable faucet handle	Broken or missing faucet handle
Toilet runs or wobbles	Broken toilet seat or tank lid
Stains on old porcelain fixtures that have lost their protective coating	
Bathroom mirror beginning to "desilver"	
Worn gaskets on refrigerator	Broken refrigerator shelves, trays, bins or bars
Cabinet doors that will not close	
Loose hinges or door handles	Damage to door or door frame from forced entry
Slightly dusty blinds	Missing, broken or bent blinds
Slightly dirty windows or screens	Windows broken or torn or missing screens
	Lost keys

IF REPLACEMENT IS NECESSARY...

After determining if an item requires replacement due to a tenant's abuse or neglect (not normal wear and tear), to calculate the tenant's responsibility, a housing provider must know: actual cost to replace the item, the life expectancy of the item, current age of item, and remaining shelf life. The housing provider may only charge the tenant for the remaining shelf life of the item.

EXAMPLE:

Cost of new dishwasher:	\$400
Useful life of dishwasher:	10 yrs
Age of dishwasher at the end of tenancy:	4 yrs
Remaining useful life:	6 yrs (10 yrs less 4 yrs)
Resident's Responsibility:	$\$400 \times .60 = \240