

## **Inventory and Condition Form**

Resident's Name:	Personal #: ()	Vork#:()
Resident's Name:	Personal #: ()	Vork#:()
Resident's Name:		Vork#:()
Resident's Name:	Personal #: ()	Vork#:()
Resident's Name:	Personal #: ()	Vork#:()
Resident's Name:	Personal #: ()	Vork#:()
Apartment Community Name:		
or Street Address (if house, duplex, etc.):	Ар	t.#
Within 48 hours after move-in, you must note on this form all defects, dam Otherwise, everything will be considered to be in a clean, safe, and good wo items don't exist. This form protects both you (the resident) and us (the ow your responsibility upon move-out. You are entitled to a copy of this form a	king condition. Please mark through items ner). We'll use it in determining what shoul	listed below or put "none" if the dand should not be considered
☐ Move-In or ☐ Move-O	ut Condition (Check one)	
Living Room	Dining Room	
Walls	Walls	
Wallpaper	Wallpaper	
Wallpaper	Wallpaper	
Plugs, switches, A/C vents	Plugs, switches, A/C vents	
Woodwork/baseboards	Woodwork/baseboards	
Ceiling	Ceiling	
Light fixtures, bulbs	Light fixtures, bulbs	
Floor/carpet	Floor/carpet	
Doors, stops, locks	Doors, stops, locks	
Windows, latches, screens	Windows, latches, screens	
Window coverings	Window coverings	
Closets, rods, shelves	Closets, rods, shelves	
Closet lights, fixtures	Closet lights, fixtures	
Lamps, bulbs	Water stains or mold on walls, ceilin	gs or baseboards
Water stains or mold on walls, ceilings or baseboards		
	Other	
Other	112112	
Kitchen	Halls Walls	
Walls	Walls	
waiis		
	Wallpaper	
Wallpaper	Plugs, switches, A/C vents	
Plugs, switches, A/C vents	Woodwork/baseboards	
Woodwork/baseboards	Ceiling	
Ceiling	Light fixtures, bulbs	
Light fixtures, bulbs		
Floor/carpet	Floor/carpet	
De constant la des	Doors, stops, locks	
Doors, stops, locks	Closets, rods, shelves	
Windows, latches, screens	Closet lights, fixtures	
Window coverings	Water stains or mold on walls, ceilings or baseboards	
Cabinets, drawers, handles	Other	=
Countertops		
Stove/oven, trays, pans, shelves	Exterior (if applicable)	
Vent hood	Patio/yard	
Refrigerator, trays, shelves	Fences/gates	
- '	Faucets	
Refrigerator light, crisper		
Dishwasher, dispensers, racks	Balconies	
Sink/disposal	Other	
Microwave	<b>Bedroom</b> (describe which one):	
Plumbing leaks, water stains or mold on walls, ceilings or baseboards		
	Walls	
Other	Wallpaper	
<u> </u>	Plugs, switches, A/C vents	
	Woodwork/baseboards	
General Items	Ceiling	
Thermostat	Light fixtures, bulbs	
Cable TV or master antenna	Floor/carpet	
Cable wires	,	
A/C filter	Doors stons locks	
	Doors, stops, locks	
Washer/dryer	Windows, latches, screens	
Garage door	Window coverings	
Ceiling fans	Closets, rods, shelves	
Exterior doors, screens/screen doors, doorbell	Closet lights, fixtures	
	Water stains or mold on walls, ceilin	gs or baseboards
Fireplace		
	Other	
Other © Texas Apartment Association, Inc., 2024		CONTINUED ON BACK SIDE

Bedroom (describe which one):	Bedroom (describe which one): Walls
wuii	vvuii3
Wallpaper	
Plugs, switches, A/C vents	Plugs, switches, A/C vents
Woodwork/baseboards	Woodwork/baseboards
Ceiling	Ceiling
Light fixtures, bulbs	
Floor/carpet	Floor/carpet
Doors, stops, locks	
Windows, latches, screens	Windows, latches, screens
Window coverings	Window coverings
Closets, rods, shelvesCloset lights, fixtures	Closets, rods, shelves Closet lights, fixtures
Water stains or mold on walls, ceilings or baseboards	Water stains or mold on walls, ceilings or baseboards
Other	Other
Bath (describe which one):	Bath (describe which one): Walls
Walls	147 11
WallpaperPlugs, switches, A/C vents	
Woodwork/baseboards	Woodwork/baseboards
Ceiling	Ceiling
Light fixtures, bulbs	
Exhaust fan/heater	
Floor/carpet	
Doors, stops, locks	Doors, stops, locks
Windows, latches, screens	Windows, latches, screens
Window coverings	Window coverings
Sink, faucet, handles, stopper	Sink, faucet, handles, stopper
Countertops	Countertops
Will Of	Mirror
Cabinets, drawers, handles	Cabinets, drawers, handles
Toilet, paper holder	Bathtub, enclosure, stopper
Bathtub, enclosure, stopper	Shower, doors, rods
Shower, doors, rods	Tile Tile
Plumbing leaks, water stains or mold on walls, ceilings or baseboards	Plumbing leaks, water stains or mold on walls, ceilings or baseboards
Other	Other  Safety or Pest-Related Items (Put "none" if item does not exist)
Walls	Door knob locks
	Keyed deadbolt locks Keyless deadbolts
Wallpaper	Keyless bolting devices
Plugs, switches, A/C vents	Sliding door latches
Woodwork/baseboards	Sliding door security bars
Ceiling	Sliding door pin locks
Light fixtures, bulbs	Doorviewers
Exhaust fan/heater	Window latches
Floor/carpet	Porch and patio lights
Doors stone locks	Smoke diams (push button to test)
Doors, stops, locks	Other detectors
Windows, latches, screens Window coverings	Additional System
Sink, faucet, handles, stopper	The extinguishers (look at charge level—bot bott 1 1231:)
Countertops	J
Mirror	
Cabinets, drawers, handles	Other
Toilet, paper holder	
Tile	
Plumbing leaks, water stains or mold on walls, ceilings or baseboards	Date of Mayo Inc
	Date of Move-In:
Other	or Date of Move-Out:
inspect and test all the safety-related items (if in the dwelling), as well as smooned on your completed Inventory and Condition Form. All items will be ass	cordance with this Lease and our Community Policies. You acknowledge you will ke alarms and any other detector(s), and confirm that they are working, except as umed to be in good condition unless otherwise noted. You acknowledge you will ntry systems (if there are any). You acknowledge that you will inspect the dwelling
and confirm no signs of bed bugs or other pests are present, or that you will  In signing below, you acknowledge receipt of this form and acce	report any bed bug or pest issues through a work order or other repair request.  Pept the responsibility for completing it as part of the Lease Contract.  In without returning this form (whichever comes first), it accurately
reflects the condition of the premises for purposes of determining	
Resident or Resident's Agent:	Date of Signing:
Owner or Owner's Representative:	
FOR OFFICE USE ONLY.	
Date completed form was received:	Received by:
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