KROWN PROPERTY MANAGEMENT
A division of Krown Property Investments Inc.

RENTAL UNIT CONDITION REPORT

Location: _____ *Tenant Name:* _____

This report records the conditions/contents of the rental unit on the date of: _____

Simplifying Residential Investment

If an article is dirty or damaged, describe in full on a separate sheet attached , or on back of form.

Kitchen	Incoming ok	Incoming not ok	Outgoing ok	Outgoing not ok
Oven	☐	☐	☐	☐
Broiler	☐	☐	☐	☐
Fridge	☐	☐	☐	☐
Dishwasher	☐	☐	☐	☐
Sink	☐	☐	☐	☐
Counters	☐	☐	☐	☐
Range Hood	☐	☐	☐	☐
Faucet	☐	☐	☐	☐
Drawers	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Door	☐	☐	☐	☐

Dining Room				
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Door	☐	☐	☐	☐

Living Room				
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Door	☐	☐	☐	☐

Hall				
Light Fixtures	☐	☐	☐	☐
Mirrors	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Window	☐	☐	☐	☐
Door	☐	☐	☐	☐

Bathroom #1	Incoming ok	Incoming not ok	Outgoing ok	Outgoing not ok
Sink	☐	☐	☐	☐
Bathtub	☐	☐	☐	☐
Shower	☐	☐	☐	☐
Toilet	☐	☐	☐	☐
Toilet Seat	☐	☐	☐	☐
Tissue Holder	☐	☐	☐	☐
Towel Rack	☐	☐	☐	☐
Cabinets	☐	☐	☐	☐
Mirror	☐	☐	☐	☐
Medicine Cabinet	☐	☐	☐	☐
Counter	☐	☐	☐	☐
Faucet	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Door	☐	☐	☐	☐

Bathroom #2				
Sink	☐	☐	☐	☐
Bathtub	☐	☐	☐	☐
Shower	☐	☐	☐	☐
Toilet	☐	☐	☐	☐
Toilet Seat	☐	☐	☐	☐
Tissue Holder	☐	☐	☐	☐
Towel Rack	☐	☐	☐	☐
Cabinets	☐	☐	☐	☐
Mirror	☐	☐	☐	☐
Medicine Cabinet	☐	☐	☐	☐
Counter	☐	☐	☐	☐
Faucet	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Door	☐	☐	☐	☐

Bedroom #1				
Mirror	☐	☐	☐	☐
Closets	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Window	☐	☐	☐	☐
Door	☐	☐	☐	☐

Bedroom #2	Incoming ok	Incoming not ok	Outgoing ok	Outgoing not ok
Mirror	☐	☐	☐	☐
Closets	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Window	☐	☐	☐	☐
Door	☐	☐	☐	☐

Bedroom #3				
Mirror	☐	☐	☐	☐
Closets	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Window	☐	☐	☐	☐
Door	☐	☐	☐	☐

Bedroom #4	Incoming ok	Incoming not ok	Outgoing ok	Outgoing not ok
Mirror	☐	☐	☐	☐
Closets	☐	☐	☐	☐
Light Fixtures	☐	☐	☐	☐
Drapery	☐	☐	☐	☐
Flooring	☐	☐	☐	☐
Walls	☐	☐	☐	☐
Ceiling	☐	☐	☐	☐
Window	☐	☐	☐	☐
Door	☐	☐	☐	☐

Other				
Windows	☐	☐	☐	☐
Window Screens	☐	☐	☐	☐
Door	☐	☐	☐	☐
Door Key	☐	☐	☐	☐
Mailbox	☐	☐	☐	☐
Mail Key	☐	☐	☐	☐
Thermostats	☐	☐	☐	☐
Laundry	☐	☐	☐	☐
Doorbell	☐	☐	☐	☐
Fire Extinguisher	☐	☐	☐	☐
Smoke Detector	☐	☐	☐	☐

Oil Tank Level _____

Comments

_____

_____

_____

_____

_____

_____

_____

_____

Signature of Landlord On Incoming _____ *Date:* _____

Signature of Tenant On Incoming _____

Signature of Landlord On Outgoing _____ *Date:* _____

Signature of Tenant On Outgoing _____