

Move-In/Move-Out Condition Report - Washington

Property Information

Tenant(s) Name: _____
 Property Address: _____
 Owner/Agent: _____

Tenant Information:

Number of Smoke/CO Alarms: _____
 Number of Keys Provided at Move-In: _____

Tested on: _____

Garage Remotes Provided at Move-in: _____

Please choose the appropriate codes: **A** - Acceptable **U** - Unacceptable **NA** - Not applicable

Location	Move-In			Move-Out			Location	Move-In			Move-Out		
Entry:							Bedroom 1:						
Flooring							Flooring						
Walls & Ceiling							Walls & Ceiling						
Door(s)							Door(s)						
Window(s)							Window(s)						
Window Covering(s)							Window Covering(s)						
Light Fixture(s)							Light Fixture(s)						
Outlet(s)							Outlet(s)						

Location	Move-In			Move-Out			Location	Move-In			Move-Out		
Dining Room:							Bedroom 2:						
Flooring							Flooring						
Walls & Ceiling							Walls & Ceiling						
Door(s)							Door(s)						
Window(s)							Window(s)						
Window Covering(s)							Window Covering(s)						
Light Fixture(s)							Light Fixture(s)						
Outlet(s)							Outlet(s)						

Location	Move-In			Move-Out			Location	Move-In			Move-Out		
Living Room:							Bedroom 3:						
Flooring							Flooring						
Walls & Ceiling							Walls & Ceiling						
Door(s)							Door(s)						
Window(s)							Window(s)						
Window Covering(s)							Window Covering(s)						
Light Fixture(s)							Light Fixture(s)						
Outlet(s)							Outlet(s)						

Location	Move-In			Move-Out			Location	Move-In			Move-Out		
Family Room:							Bedroom 4:						
Flooring							Flooring						
Walls & Ceiling							Walls & Ceiling						
Door(s)							Door(s)						
Window(s)							Window(s)						
Window Covering(s)							Window Covering(s)						
Light Fixture(s)							Light Fixture(s)						
Outlet(s)							Outlet(s)						

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Property Information

Tenant Name(s): _____

Property Address: _____

Owner/Agent: _____

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Dining Room:			Bedroom 2:		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	Door(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>
Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>
Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>	Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Hallways:			Hall Closet(s):		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	Door(s)	<input type="checkbox"/>	<input type="checkbox"/>
Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>
Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>	Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Kitchen:			Bathroom 1:		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	Door(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>
Range	<input type="checkbox"/>	<input type="checkbox"/>	Vanity/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Hood Vent	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>
Disposal	<input type="checkbox"/>	<input type="checkbox"/>	Bathtub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rack(s)	<input type="checkbox"/>	<input type="checkbox"/>
Microwave	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>
Sink	<input type="checkbox"/>	<input type="checkbox"/>	Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>			
Countertops	<input type="checkbox"/>	<input type="checkbox"/>			
Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>			
Outlets	<input type="checkbox"/>	<input type="checkbox"/>			

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Office/Den:			Bathroom 2:		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	Door(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window(s)	<input type="checkbox"/>	<input type="checkbox"/>
Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>
Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Vanity/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>	Toilet	<input type="checkbox"/>	<input type="checkbox"/>
Built-ins/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>
			Bathtub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
			Towel Rack(s)	<input type="checkbox"/>	<input type="checkbox"/>
			Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>
			Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>

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Property Address: _____

Owner/Agent: _____

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Garage:			Bathroom 3:		
Flooring	<input type="checkbox"/>	<input type="checkbox"/>	Flooring	<input type="checkbox"/>	<input type="checkbox"/>
Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	Walls & Ceiling	<input type="checkbox"/>	<input type="checkbox"/>
Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	Door(s)	<input type="checkbox"/>	<input type="checkbox"/>
Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window(s)	<input type="checkbox"/>	<input type="checkbox"/>
Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>	Window Covering(s)	<input type="checkbox"/>	<input type="checkbox"/>
Built-ins/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	Vanity/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>
			Toilet	<input type="checkbox"/>	<input type="checkbox"/>
			Sink(s)	<input type="checkbox"/>	<input type="checkbox"/>
Exterior:			Bathtub/Shower	<input type="checkbox"/>	<input type="checkbox"/>
Patio/Deck and or Porch	<input type="checkbox"/>	<input type="checkbox"/>	Towel Rack(s)	<input type="checkbox"/>	<input type="checkbox"/>
Landscaping/Paths	<input type="checkbox"/>	<input type="checkbox"/>	Fan	<input type="checkbox"/>	<input type="checkbox"/>
Siding	<input type="checkbox"/>	<input type="checkbox"/>	Light Fixture(s)	<input type="checkbox"/>	<input type="checkbox"/>
Light(s)	<input type="checkbox"/>	<input type="checkbox"/>	Outlet(s)	<input type="checkbox"/>	<input type="checkbox"/>

Tenant Summary of overall move-in condition: _____

Please list all additional attachments included in this condition report as they relate to the move-in (including, but not limited to photos, additional pages of described damages, additional inspection reports, estimates for repairs, etc): _____

All parties signing below agree and attest that the information provided for the move-in condition is true and correct and is representative of the actual condition of the dwelling unit. Landlord agrees to not hold tenant responsible for the noted damages at time of move-out unless landlord has made repairs to noted damage(s) during tenancy and any subsequent damage is the caused by the tenant (or a guest in the tenant's control). Tenant agrees that any damages not noted on this report at move-in, that is not considered normal wear and tear, may be repaired at the tenant's expense. Landlord certifies that all required smoke and carbon monoxide alarms were tested in the presence of the tenant and that all alarms noted on this form are in good working order. Tenant agrees that all smoke and carbon monoxide alarms noted on this form and tested by landlord are in good working order.

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Landlord: _____ Date: _____

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Property Information

Tenant Name(s):

Property Address:

Owner/Agent:

Landlord Summary of overall move-out condition: _____

Please list all additional attachments included in this condition report as they relate to the move-in (including, but not limited to photos, additional pages of described damages, additional inspection reports, estimates for repairs, etc): _____

All parties signing below agree and attest that the information provided for the move-out condition is true and correct and is representative of the actual condition of the dwelling unit. Landlord agrees to not hold tenant responsible for the noted damages at time of move-in unless landlord has made repairs to noted damage(s) during tenancy and any subsequent damage was caused by the tenant (or a guest in the tenant's control). If Tenant(s) is/are not willing or able to attend the move-out inspection and/or sign this portion of the Move-In/Out Condition Report, landlord must state so here in lieu of signatures below:

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Landlord: _____ Date _____