

Property Condition Report

Report must be returned to McKenna Property Management within 30 days of tenant's lease signing

Address:		Move In Condition	Move Out Condition
Tenant(s) name:		Move In Date:	Move Out Date:
Room	Item	Comments	Comments
General	Stairs		
	Sliding Door		
	Switches/Outlets		
	Washer / Dryer		
	Air / Heat		
	Fans		
Living Room	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Fireplace		
Dining Room	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
Kitchen	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Stove		
	Refrigerator		
	Sink		
	Garbage Disposal		

	Microwave		
	Pantry		
	Dishwasher		
Bath 1	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Toilet, Tub, Sink		
	Vanity, Mirror		
Bath 2	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Toilet, Tub, Sink		
	Vanity, Mirror		
Bedroom 1	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Closets		
Bedroom 2	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Closets		

Bedroom 3	Ceiling		
	Light Fixtures		
	Walls		
	Floor		
	Windows		
	Closets		
Exterior	Stairs		
	Doors		
	Landscape		
	Driveway		
	Garage		
	Pool / Spa		

ADDITIONAL NOTES:

Move-in results hereby accepted by **Tenant:** _____ **DATE:** _____

McKenna Property Management: _____ **DATE:** _____

Date received in office: _____ By: (Initials) _____

INTERNAL USE ONLY