

APARTMENT STATEMENT OF UNIT CONDITION

Apartment # _____ Move-in Date _____

Name _____

Phone # _____ Email _____

I am moving into an Apartment that is: ☐ Vacant ☐ Vacant, but I accepted "As Is" ☐ Partially Renewing

The purpose of the Condition Form is to let us know of anything in the apartment that needs fixed or is a pre-existing condition.

Please place a ✓ in the appropriate column & return within 48 hours to be valid

Room	Please Fix	Reporting Condition	Description
ENTRANCE & HALLWAY			
KITCHEN			
LIVING & DINING ROOMS			
BEDROOM #1 (smaller room)			
BEDROOM #2 (larger room)			
BATHROOM			

Please let us know how the apartment met your expectations:

Very Good _____ Good _____ Fair _____ Poor _____

Comments: _____

Resident/Date: _____ Resident/Date: _____

Resident/Date: _____ Resident/Date: _____