

Property Condition Report

Report must be turned into McKenna Property Management **within 30 days of your lease signing.**

Email: Relations@McKennaTeam.com

Address:		Move In Date:	
Resident(s) Names:			
Room	Item	Move In Condition Comments	
General	Stairs		
	Sliding Door		
	Switches/Outlets		
	Washer/Dryer		
	HVAC		
	Fans		
Living Room	Ceiling		
	Light Fixture(s)		
	Walls		
	Floor		
	Window(s)		
	Fireplace		
Dining Room	Ceiling		
	Light Fixture(s)		
	Walls		
	Floor		
	Window(s)		
Kitchen	Ceiling		
	Light Fixture(s)		
	Walls		
	Floor		
	Window(s)		
	Stove		
	Refrigerator		
	Sink		
	Garbage Disposal		
	Microwave		
	Dishwasher		
	Pantry		
	Bedroom 1 (Primary)	Ceiling	
Light Fixture(s)			
Walls			
Floor			
Window(s)			
Closet(s)			
Bathroom 1 (Primary)	Ceiling		
	Light Fixture(s)		
	Walls		
	Floor		
	Window(s)		
	Toilet, Tub, Sink		
	Vanity, Mirror		
Bedroom 2	Ceiling		
	Light Fixture(s)		
	Walls		
	Floor		
	Window(s)		
	Closet(s)		
Bathroom 2	Ceiling		
	Light Fixture(s)		
	Walls		
	Floor		

	Window(s)	
	Toilet, Tub, Sink	
	Vanity, Mirror	
Bedroom 3	Ceiling	
	Light Fixture(s)	
	Walls	
	Floor	
	Window(s)	
	Closet(s)	
Bathroom 3	Ceiling	
	Light Fixture(s)	
	Walls	
	Floor	
	Window(s)	
	Toilet, Tub, Sink	
Exterior	Vanity, Mirror	
	Stairs	
	Doors	
	Landscape	
	Driveway	
	Garage	
	Pool/Spa	

Additonal Notes:

Move-in results hereby accepted by:

Resident(s):
Date:

McKenna Property Management:
Date:

Date Received in Office: