

Property Address \_\_\_\_\_ Move In \_\_\_\_\_



**Select Leasing  
& Management**

**BERKSHIRE  
HATHAWAY**  
HOMESERVICES

SELECT  
PROPERTIES

**PROPERTY CONDITION REPORT**  
**Move In Check list**

<b>ENTRY / HALL</b>	
<b>LIVING ROOM</b>	
<b>KITCHEN</b>	
Refrigerator	
Stove/Oven	
Dishwasher	
<b>DINING ROOM</b>	
<b>BEDROOMS</b>	
Master Bedroom	
2 <sup>nd</sup> Bedroom	
3 <sup>rd</sup> Bedroom	
4 <sup>th</sup> Bedroom	
<b>BATHROOMS</b>	
Master Bathroom	
2 <sup>nd</sup> Bathroom	
3 <sup>rd</sup> Bathroom	
<b>BASEMENT</b>	
<b>YARD</b>	
<b>MISC.</b>	

<b>KEYS/FOBS</b>	
# of Keys/Fobs	
<b>GARAGE</b>	
# of Openers	
<b>MAILBOX</b>	
# of Keys	
<b>Overall Condition</b>	
<b>Excellent - Good- Average</b>	

\*\*TAKE PHOTOS OF ANY DAMAGE UPON MOVE-IN AND MOVE-OUT

\*\*Comments:

\_\_\_\_\_

\_\_\_\_\_

**We have inspected the residence and agree to the above evaluation as stated.**

**Move In Date:** \_\_\_\_\_

**Tenant:** \_\_\_\_\_

**Tenant:** \_\_\_\_\_

**Per your lease agreement, you must provide the account numbers for all utilities that you are responsible for. Please provide the account number below.**

**Utility Information:**

Electric		Gas	
Water		Trash	
Sewer			

*Failure to provide this information will incur an additional \$35.00 fee which will be applied to your tenant ledger for every utility service bill that is received by Select Leasing and Management*

Property Address \_\_\_\_\_ Move Out \_\_\_\_\_  
 Tenant Name \_\_\_\_\_



**Select Leasing  
& Management**

**BERKSHIRE  
HATHAWAY**  
HOMESERVICES

SELECT  
PROPERTIES

**PROPERTY CONDITION REPORT**

**Move Out Check list**

***SLM Use Only***

<b>ENTRY / HALL</b>	
<b>LIVING ROOM</b>	
<b>KITCHEN</b>	
<b>DINING ROOM</b>	
<b>BEDROOMS</b>	
<b>Master Bedroom</b>	
<b>2<sup>nd</sup> Bedroom</b>	
<b>3<sup>rd</sup> Bedroom</b>	
<b>4<sup>th</sup> Bedroom</b>	
<b>BATHROOMS</b>	
<b>Master Bathroom</b>	
<b>2<sup>nd</sup> Bathroom</b>	
<b>3<sup>rd</sup> Bathroom</b>	
<b>SYSTEMS/BASEMENT/ LAUNDRY</b>	<input type="checkbox"/> Furnace Filter
<b>YARD</b>	

Cleaning  Deep Cleaning

FORWARDING ADDRESS: \_\_\_\_\_

KEYS/FOBS/GARAGE OPENERS/MAILBOX	<input type="checkbox"/> Keys _____	<input type="checkbox"/> Fobs _____
	<input type="checkbox"/> Mailbox _____	<input type="checkbox"/> Garage Opener _____

**Move Out Charges**

\$ _____	Keys / Garage Opener Not Returned
\$ _____	Return Trip Charge
\$ _____	Utilities Off
\$ _____	Furnace Filter
\$ _____	Cleaning Fee # _____ BDRM.
\$ _____	Deep Clean -Additional
\$ _____	Stove Drip Pans
_____ x \$50	Smoke/Carbon Monoxide Detectors
_____ x \$50	Light Bulbs
_____ x \$50	Blind Replacement
_____ x \$50	Screen Replacement
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

**Security Deposit \$** \_\_\_\_\_

**Less Damages \$** \_\_\_\_\_

**Amount Refunded / Owed \$** \_\_\_\_\_

Pick Up  ACH