

Property Address: \_\_\_\_\_

Lease Dates: \_\_\_\_\_

### APARTMENT CONDITION REPORT

Please fill out & return to the Landlord/Office within 1 week of your lease start date

Name(s) \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY ISSUES:** Please report any issue of an emergency nature immediately. Do NOT report emergency issues (or anything requiring our immediate attention such as water leaks, a “running toilet” or an inoperative smoke detector) on this form.

**PREPARATION OF YOUR APARTMENT:** Please tell us if we’ve “missed something” in your apartment that is in need of repair and we will contact you to discuss the problem and arrange a solution.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**NORMAL WEAR AND TEAR:** With very few exceptions, the apartment you have rented is not new and there will be some “evidence” of the fact that others have lived there before you. You may wish to document any “pre-existing conditions” (deficiencies or exceptions for which no repair is required) in your apartment using the space below.

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**Property Address:** \_\_\_\_\_  
**Lease Dates:** \_\_\_\_\_

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Signature(s)

\_\_\_\_\_  
Date

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Print

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*Office use: Received by*