PROPERTY CONDITION REPORT

Resident(s) _____

Address: _____

Complex Name: _____ Phone No. _____

MOVE-IN DATE:_____ MOVE-OUT DATE:_____

LIVING ROOM/ DINING AREA	INCOMING	OUTGOING	CHARGES
Floors/Carpet			
Walls/Ceiling			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Fireplace			
Ceiling Fan			
Other			

DEN

Floors/Carpet			
Walls/Ceiling			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Fireplace			
Ceiling Fan			
Other			

KITCHEN

Floors			
Walls/Ceiling			
Counter			
Cabinets			
Stove/Microwave			
Refrigerator			
Dishwasher			
Sink/Garbage Disposal			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Exhaust Fan			
Other			

BEDROOM #1

Doors/Locks			
Floors/Carpet			
Walls/Ceiling			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Closet			
Other			

BEDROOM #2

	INCOMING	OUTGOING	CHARGES
Doors/Locks			
Floors/Carpet			
Walls/Ceiling			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Closet			
Other			

BEDROOM #3

Doors/Locks			
Floors/Carpet			
Walls/Ceilings			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Closet			
Other			

BEDROOM #4

Doors/Locks			
Floors/Carpet			
Walls/Ceilings			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Closet			
Other			

BATH #1

Doors/Locks			
Floor/Carpet			
Walls/Ceiling			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Tub/Shower/Sink			
Toilet			
Medicine Cabinet			
Other			

BATH #2

Doors/Locks			
Floor/Carpet			
Walls/Ceiling			
Lights/Electrical outlets			
Windows/Screens			
Blinds/Rods			
Tub/Shower/Sink			
Toilet			
Medicine Cabinet			
Other			

LAUNDRY/UTILITY ROOM	INCOMING	OUTGOING	CHARGES
Floors	_____	_____	_____
Walls/Ceiling	_____	_____	_____
Washer/Dryer hookups	_____	_____	_____
Hot Water Heater	_____	_____	_____
Heat/A/C	_____	_____	_____
Filters	_____	_____	_____
Other	_____	_____	_____

HALLS / ENTRANCE / OTHER AREAS

Floor/Carpet	_____	_____	_____
Walls/Ceiling	_____	_____	_____
Lights/Electrical outlets	_____	_____	_____
Windows/Screens	_____	_____	_____
Closet	_____	_____	_____
Other			

EXTERIOR

Storage Shed	_____	_____	_____
Garage	_____	_____	_____
Patio Screen Door	_____	_____	_____
Exterior Light fixtures	_____	_____	_____
Grounds	_____	_____	_____
Doorbell	_____	_____	_____
Other			

NUMBER OF SMOKE DETECTORS: WORKING:_____ NOT WORKING:_____

NUMBER KEYS ISSUED @ CHECK-IN:_____ NUMBER KEYS RETURNED @ CHECK-OUT:_____

Comments:_____

_____

_____

_____

	SIGNATURES	SIGNATURES
	CHECK IN DATE:	CHECK OUT DATE:
TENANT(S)		
PROPERTY REPRESENTATIVE		
NAVY HOUSING REPRESENTATIVE		

Forwarding Address: _____

New Command and Address: _____

Revised May 2007