



PROPERTY CONDITION REPORT

The purpose of this report is to note the current condition of the premises. THIS IS NOT A REPAIR LIST. If any item is unsatisfactory, please mark that item and explain fully under "other remarks."

ADDRESS		CITY, ST ZIP	
MOVE IN DATE		MOVE OUT DATE	
TENANT (s)			
TENANT(s) SIGNATURE		DATE STAMP & STAFF INITIAL	

THIS REPORT IS DUE ON _____

GARAGE & EXTERIOR	Satisfactory? Yes/No <input checked="" type="checkbox"/>		Comments
YARD/ LANDSCAPING			
PATIO/ BALCONY			
GARAGE DOOR/ REMOTES			
MAILBOX			
SPRINKLER SYSTEM / TIMER			
PAINT /TRIM			
FENCE/ GATE			

LIVING ROOM	Satisfactory? Yes/No <input checked="" type="checkbox"/>		Comments
FLOORING			
WALLS/ CEILING			
WINDOWS/ SCREENS			
DRAPES/ BLINDS			
LIGHT FIXTURES/ SWITCHES			
CLOSETS/ DOORS/ KNOBS			

FAMILY ROOM	Satisfactory? Yes/No <input checked="" type="checkbox"/>		Comments
FLOORING			
WALLS/ CEILING			
WINDOWS/ SCREENS			
DRAPES/ BLINDS			
LIGHT FIXTURES/ SWITCHES			
CLOSETS/ DOORS/ KNOBS			

DINING ROOM		Satisfactory? Yes/No <input type="checkbox"/>		Comments		
FLOORING						
WALLS/ CEILING						
WINDOWS/ SCREENS						
DRAPES/ BLINDS						
LIGHT FIXTURES/ SWITCHES						
CLOSETS/ DOORS/ KNOBS						
LOFT/DEN		Satisfactory? Yes/No <input type="checkbox"/>		Comments		
FLOORING						
WALLS / CEILING						
WINDOWS/ SCREENS						
DRAPES/ BLINDS						
LIGHT FIXTURES/ SWITCHES						
CLOSETS/ DOORS/ KNOBS						
KITCHEN		Satisfactory? Yes/No <input type="checkbox"/>		Comments		
FLOORING						
SINK / PLUMBING						
CABINETS/DRAWERS						
STOVE / OVEN						
RANGE HOOD						
MICROWAVE						
GARBAGE DISPOSAL						
DISHWASHER						
REFRIGERATOR						
OTHER APPLIANCES						
WALLS/ CEILING						
WINDOWS/ SCREENS						
DRAPES/ BLINDS						
LIGHT FIXTURES/ SWITCHES						
CLOSETS/ DOORS/ KNOBS						
BEDROOMS		Satisfactory? Yes/No <input type="checkbox"/>		Comments		
				#1	#2	#3
FLOORING						
WALLS/ CEILING						
WINDOWS/ SCREENS						
DRAPES/ BLINDS						
LIGHT FIXTURES/ SWITCHES						
CLOSETS/ DOORS/ KNOBS						

BATHROOMS	Satisfactory?			Comments		
	Yes	No	<input checked="" type="checkbox"/>	#1	#2	#3
FLOORING						
WALLS/ CEILING						
WINDOWS/ SCREENS						
SINK/ VANITY/ CABINET						
SHOWER/ TUB ENCLOSURE						
DRAWERS						
TOILET						
DRAPES/ BLINDS						
LIGHT FIXTURES/ SWITCHES						
CLOSETS/ DOORS/ KNOBS						

BEDROOMS	Satisfactory?			Comments		
	Yes	No	<input checked="" type="checkbox"/>	#4	#5	#6
FLOORING						
WALLS/ CEILING						
WINDOWS/ SCREENS						
DRAPES/ BLINDS						
LIGHT FIXTURES/ SWITCHES						
CLOSETS/ DOORS/ KNOBS						

GENERAL & MISCELLANEOUS	Satisfactory?			Comments		
	Yes	No	<input checked="" type="checkbox"/>			
SMOKE ALARMS						
DOORSTOPS						
KEYS/LOCKS/ALARMS						
WATER HEATER / FURNACE						
WINDOW THUMBLOCKS						
WASHER/DRYER						
WASHER/DRYER HOOKUPS						
POOL/SPA						

OTHER REMARKS: _____

Property Condition Report must be returned by the date noted on pg. 1 or all items are deemed acceptable, and Tenant will be responsible for any damaged or non-working items.

Property Condition Report Rev. 04/26/15
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Agent's Initials _____
 Tenant's Initials _____
 Tenant's Initials _____
 Tenant's Initials _____