



Inventory and Condition Form



Within 48 hours after move-in, you must note on this form all defects or damage and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition. Please mark through items listed below if they don't exist. This form protects both you (the resident) and us (the owner). We'll use it in determining what should and should not be considered your responsibility upon move-out.

Resident's Name: _____ Home Phone: (____) _____ Work Phone: (____) _____

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Apartment Community Name: Falls at Quail Lake, LLC,

_____ Apt. # _____

or Street Address (if house, duplex, etc.): 890 Quail Lake Circle

Move-In or Move-Out Condition (Check one)

Living Room

Walls _____

Wallpaper _____

Plugs, Switches, A/C Vents _____

Woodwork/Baseboards _____

Ceiling _____

Light Fixtures, Bulbs _____

Floor/Carpet _____

Doors, Stops, Locks _____

Windows, Latches, Screens _____

Window Coverings _____

Closets, Rods, Shelves _____

Closet Lights, Fixtures _____

Lamps, Bulbs _____

Other _____

Kitchen

Walls _____

Wallpaper _____

Plugs, Switches, A/C Vents _____

Woodwork/Baseboards _____

Ceiling _____

Light Fixtures, Bulbs _____

Floor/Carpet _____

Doors, Stops, Locks _____

Windows, Latches, Screens _____

Window Coverings _____

Cabinets, Drawers, Handles _____

Countertops _____

Stove/Oven, Trays, Pans, Shelves _____

Vent Hood _____

Refrigerator, Trays, Shelves _____

Refrigerator Light, Crisper _____

Dishwasher, Dispensers, Racks _____

Sink/Disposal _____

Microwave _____

Other _____

General Items

Thermostat _____

Cable TV or Master Antenna _____

A/C Filter _____

Washer/Dryer _____

Garage Door _____

Ceiling Fans _____

Exterior Doors, Screens/Screen Doors, Doorbell _____

Fireplace _____

Other _____

Dining Room

Walls _____

Wallpaper _____

Plugs, Switches, A/C Vents _____

Woodwork/Baseboards _____

Ceiling _____

Light Fixtures, Bulbs _____

Floor/Carpet _____

Doors, Stops, Locks _____

Windows, Latches, Screens _____

Window Coverings _____

Closets, Rods, Shelves _____

Closet Lights, Fixtures _____

Other _____

Halls

Walls _____

Wallpaper _____

Plugs, Switches, A/C Vents _____

Woodwork/Baseboards _____

Ceiling _____

Light Fixtures, Bulbs _____

Floor/Carpet _____

Doors, Stops, Locks _____

Closets, Rods, Shelves _____

Closet Lights, Fixtures _____

Other _____

Exterior (if applicable)

Patio/Yard _____

Fences/Gates/Gate Latches or Locks _____

Faucets _____

Balconies _____

Other _____

Bedroom (describe which one)

Walls _____

Wallpaper _____

Plugs, Switches, A/C Vents _____

Woodwork/Baseboards _____

Ceiling _____

Light Fixtures, Bulbs _____

Floor/Carpet _____

Doors, Stops, Locks _____

Windows, Latches, Screens _____

Window Coverings _____

Closets, Rods, Shelves _____

Closet Lights, Fixtures _____

Other _____

Bedroom (describe which one): _____
 Walls _____

 Wallpaper _____
 Plugs, Switches, A/C Vents _____
 Woodwork/Baseboards _____
 Ceiling _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____

 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Closet Lights, Fixtures _____
 Other _____

Bath (describe which one): _____
 Walls _____

 Wallpaper _____
 Plugs, Switches, A/C Vents _____
 Woodwork/Baseboards _____
 Ceiling _____
 Light Fixtures, Bulbs _____
 Exhaust Fan/Heater _____
 Floor/Carpet _____

 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Sink, Faucet, Handles, Stopper _____
 Countertops _____
 Mirror _____
 Cabinets, Drawers, Handles _____
 Toilet, Paper Holder _____
 Bathtub, Enclosure, Stopper _____
 Shower, Doors, Rods _____
 Tile _____
 Other _____

Half Bath
 Walls _____

 Wallpaper _____
 Plugs, Switches, A/C Vents _____
 Woodwork/Baseboards _____
 Ceiling _____
 Light Fixtures, Bulbs _____
 Exhaust Fan/Heater _____
 Floor/Carpet _____

 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Sink, Faucet, Handles, Stopper _____
 Countertops _____
 Mirror _____
 Cabinets, Drawers, Handles _____
 Toilet, Paper Holder _____
 Tile _____
 Other _____

Bedroom (describe which one): _____
 Walls _____

 Wallpaper _____
 Plugs, Switches, A/C Vents _____
 Woodwork/Baseboards _____
 Ceiling _____
 Light Fixtures, Bulbs _____
 Floor/Carpet _____

 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Closets, Rods, Shelves _____
 Closet Lights, Fixtures _____
 Other _____

Bath (describe which one): _____
 Walls _____

 Wallpaper _____
 Plugs, Switches, A/C Vents _____
 Woodwork/Baseboards _____
 Ceiling _____
 Light Fixtures, Bulbs _____
 Exhaust Fan/Heater _____
 Floor/Carpet _____

 Doors, Stops, Locks _____
 Windows, Latches, Screens _____
 Window Coverings _____
 Sink, Faucet, Handles, Stopper _____
 Countertops _____
 Mirror _____
 Cabinets, Drawers, Handles _____
 Toilet, Paper Holder _____
 Bathtub, Enclosure, Stopper _____
 Shower, Doors, Rods _____
 Tile _____
 Other _____

Safety-Related Items (Put "N/A" if not applicable)
 Door Knob Locks _____
 Keyed Deadbolt Locks _____

 Keyless Deadbolts _____

 Sliding Door Pin Locks _____
 Sliding Door Latches _____
 Sliding Door Security Bars _____
 Doorviewers _____
 Window Latches _____
 Porch and Patio Lights _____
 Smoke Detectors _____
 Alarm System _____
 Fire Extinguisher (look at charge level BUT DON'T TEST!) _____
 Garage Door Opener _____
 Gate Access Card(s) _____
 Other _____

Date of Move-In: _____
 or
Date of Move-Out: _____

Acknowledgment. You acknowledge that you have inspected and tested all of the safety-related items (if in the dwelling) and that they are working, except as noted above. All items will be assumed to be in good condition unless otherwise noted on this form. You acknowledge receiving written operating instructions on the alarm system and gate access entry systems (if there are any). You acknowledge testing the smoke detector(s) and verifying that they are working.

In signing below, you accept this inventory as part of the Lease Contract and agree that it accurately reflects the condition of the premises for purposes of determining any refund due to you when you move out.

Resident or Resident's Agent: _____ **Date of Signing:** _____

Owner or Owner's Representative: _____ **Date of Signing:** _____