



**RATING**

- 1
- 2
- 3
- 4
- 5

**CONDITION**

- Excellent
- Good
- Average
- In need of cleaning - painting
- In need of repair - replacement

(check  appropriate box)

Painted Surfaces:	<input type="checkbox"/> Newly Painted		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	
Apartment Cleaned:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Carpeting:	<input type="checkbox"/> New	<input type="checkbox"/> Cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Drapes:	<input type="checkbox"/> New	<input type="checkbox"/> Cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Kitchen Floor:	<input type="checkbox"/> New	<input type="checkbox"/> Cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Bathroom Floor:	<input type="checkbox"/> New	<input type="checkbox"/> Cleaned	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

Additional comments about above - listed items or action to be taken; if none, write "NONE."

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RESIDENT(S) acknowledges receiving a copy of this form which is a part of the RENTAL AGREEMENT / LEASE.

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
OWNER/AGENT

\_\_\_\_\_  
RESIDENT

\_\_\_\_\_  
RESIDENT

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Revised 8/2004

