



American Realty

Property Management

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Unit Condition Form – 2 Bedroom 1 Bath

Unit: _____

Tenant Name (Print): _____

Tenant Name (Print): _____

Instructions: Tenant(s) shall complete this checklist, noting the condition of the rental property, and return it to the landlord within 7 days after obtaining possession of the rental unit. You are also entitled to request and receive a copy of the last termination inventory checklist which shows what claims were chargeable to the last prior tenants.

Landlord will use this Unit Condition Form during the move out inspection when determining if any of the Tenant's security deposit will be retained for cleaning or repairs after move-out. A box left blank will assume brand new condition. Upon moving out: You must respond to this notice by mail within seven days after receipt of same, otherwise you will forfeit the amount claimed for damages. Please return to leasing office.

All areas of the unit are split jointly among all tenants unless specifically agreed upon arrangements have been made prior to move out. These arrangements will need to be in writing and be signed by both the Landlord and Tenants involved with the dispute. NO EXCEPTIONS.

Date of Inspection: ____/____/____

Living Room

Floor and Floor Coverings: _____

Walls & Ceilings: _____

Windows & Screens: _____

Window Coverings (Blinds): _____

Closet (Door and Tracks): _____
Light Fixtures: _____
Smoke Detector: _____
Light Switches: _____
Outlets: _____
Door & Lock: _____
Other: _____

Kitchen

Floor and Floor Coverings: _____
Walls & Ceilings: _____
Windows & Screens: _____
Fire Extinguisher: _____
Light Fixtures: _____
Stove/Oven/Range Hood: _____
Refrigerator: _____
Dishwasher: _____
Microwave: _____
Cabinets: _____
Countertops: _____
Sink/Plumbing: _____
Light Switches: _____
Outlets: _____
Door & Lock: _____
Other: _____

Bathroom

Floor & Floor Coverings: _____
Walls & Ceilings: _____
Windows & Screens: _____
Window Coverings (Blinds): _____
Sink/Plumbing: _____
Vanity/Countertop: _____
Toilet: _____
Shower/Tub: _____
Light Fixtures: _____
Light Switches: _____
Outlets: _____
Door & Lock: _____
Other: _____

Bedroom One

Floor and Floor Coverings: _____

Walls & Ceilings: _____

Windows & Screens: _____

Window Coverings (Blinds): _____

Closet (Door and Tracks): _____

Light Fixtures: _____

Smoke Detector: _____

Light Switches: _____

Outlets: _____

Door & Lock: _____

Other: _____

Bedroom Two

Floor and Floor Coverings: _____

Walls & Ceilings: _____

Windows & Screens: _____

Window Coverings (Blinds): _____

Closet (Door and Tracks): _____

Light Fixtures: _____

Smoke Detector: _____

Light Switches: _____

Outlets: _____

Door & Lock: _____

Other: _____

Miscellaneous

Heating System: _____

Air Conditioning: _____

Washer/Dryer: _____

Hallways: _____

Light Switches: _____

Outlets: _____

Patio/Balcony/Deck: _____

Back Door: _____

Garage: _____

Basement: _____

Other: _____

Other: _____

Other: _____

Signature of Tenant(s):

_____ Date: _____

_____ Date: _____

Full Property Address: _____

Signature of Landlord: _____