

Residential Apartment Lease Return Condition Report

Property Information

Apartment Address

Apartment Number

Tenant Name(s)

Landlord/Agent Name

Lease Start Date

Lease End Date

Date of Inspection

General Condition of Apartment

Cleanliness

Damage

Notes

Room Condition Checklist

Room/Area	Condition	Notes
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Living Room	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>
Bathroom	<input type="text"/>	<input type="text"/>
Bedroom 1	<input type="text"/>	<input type="text"/>
Bedroom 2	<input type="text"/>	<input type="text"/>
Hallway	<input type="text"/>	<input type="text"/>
Other (specify)	<input type="text"/>	<input type="text"/>

Keys Returned

Number of Apartment Keys

Other Keys/Fobs

Notes

Additional Comments

Tenant Signature

Date

Landlord/Agent Signature

Date