

# Condo Association Move-In Condition Form

Date:

Unit Number:

Owner/Resident Name:

## General Condition Checklist

Area / Item	Condition (Good/Fair/Poor)	Comments
Entry Door	<input type="text"/>	<input type="text"/>
Walls	<input type="text"/>	<input type="text"/>
Ceilings	<input type="text"/>	<input type="text"/>
Floors	<input type="text"/>	<input type="text"/>
Windows	<input type="text"/>	<input type="text"/>
Bathroom(s)	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>
Appliances	<input type="text"/>	<input type="text"/>
Balcony/Patio	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>

Additional Notes:

Resident Signature:

Date:

Association Representative:

Date: