

Property Condition Checklist

PLEASE FILL OUT FRONT & BACK

Property Address: _____

Bedroom: _____

TENANT NAME: _____

Checklist Issued Date: _____

Checklist Issued Time: _____

INSTRUCTIONS: Tenant shall "immediately" complete, sign and return this checklist upon move in. If checklist forms are not completed and returned to

office@oxfordrentalproperties.com within 48 hours of keys being issued the premises then you could be liable for any previous damage that has not been observed or reported.

Unless otherwise noted herein and by having previously signed the Security/Damage Deposit Agreement indicating the same, the Tenant(s) warrant that they have had the opportunity to inspect the Leased premises and note any PRIOR damage.

Landlord has made no other promises or inducements to Tenant(s) as to changes or repairs to the Leased Premises other than as indicated in the Lease. Landlord at is option will repair cosmetic issues, painting or other non-material issues.

	ITEM:	NOTEWORTHY ISSUE ON ARRIVAL	NOTEWORTHY ISSUE ON DEPARTURE
1.0	LIVING ROOM		
1.1	Floor		
1.2	Walls and Ceiling		
1.3	Door(s)		
1.4	Door Locks & Hardware		
1.5	Lighting Fixtures		
1.6	Windows		
1.7	Window Coverings	TENANTS RESPONSIBLE FOR ALL	WINDOW COVERINGS
1.8	Smoke Alarm		
2.0	KITCHEN		
2.1	Floor		
2.2	Walls and Ceiling		
2.3	Door(s)		
2.4	Door Locks & Hardware		
2.5	Lighting Fixtures		
2.6	Windows		
2.7	Window Coverings	TENANTS RESPONSIBLE FOR ALL	WINDOW COVERINGS
2.8	Cabinets		
2.9	Counters		
2.10	Stove/Range		
2.11	Refrigerator		
2.12	Dishwasher		
2.13	Sink & Plumbing		
2.14	Garbage Disposal		
2.15	Other		
3.0	BEDROOM		
3.1	Floor		
3.2	Walls and Ceiling		
3.3	Door(s)		
3.4	Door Locks & Hardware		
3.5	Lighting Fixtures		
3.6	Windows		
3.7	Window Coverings	TENANTS RESPONSIBLE FOR ALL	WINDOW COVERINGS
3.8	Smoke Alarm		
3.9	Closet		

4.0	BATHROOM		
4.1	Floor		
4.2	Walls and Ceiling		
4.3	Door(s)		
4.4	Door Locks & Hardware		
4.5	Lighting Fixtures		
4.6	Windows		
4.7	Window Coverings	TENANTS RESPONSIBLE FOR ALL	WINDOW COVERINGS
4.8	Counters & Surfaces		
4.9	Sink		
4.10	Tub		
4.11	Toilet		
4.12	Vent Fan		
5.0	PORCHES/DECK IF ANY		
5.1	Steps		
5.2	Railings		
5.3	Additional		
6.0	OTHER		
6.1	Washing Machine		
6.2	Dryer		
6.3	Heating System		
6.4	Air Conditioning		
6.5	Hall		
6.6	Laundry Room		
6.7	Half Bathroom		
6.8	Other		
6.9	Other		
6.10	Other		

I acknowledge receipt of the key and that failure to return EVERY key will result in a rekey fee for the entire premises.

I acknowledge that all air filters are new and shall be replaced monthly by Tenant

I acknowledge that all light bulbs and light covers/globes are working and shall be replaced regularly & @ end of lease term

I acknowledge a copy of the Move Out Instructions and Security Deposit Agreement

I will advise Landlord is a bedroom door has a keyed lock and if I place a keyed lock on my bedroom then I will be give Landlord a copy of the key and I will be responsible for replacement of the original lock at the end of the Lease.

Comments: _____

Returned Date: _____

Move Out Date: _____

Tenant Signature: _____

Tenant Signature: _____

Acknowledge Receipt:

Staff Signature: _____

Staff Signature: _____