

Owner/Agent Name: _____ Date: _____

Resident Name(s): _____

Premises Address: _____ City: _____, WA Zip: _____

Building Name: _____ Unit: _____

Lease / Rental Agreement Term Start Date: _____ Move-out Date: _____

INSTRUCTIONS

Before Move-In: For each item, include date of installation if possible and other information like serial numbers for major appliances in the first column. In the second column, describe condition at move-in (e.g., “new”, “freshly painted, professional cleaned”, “minor wear with 5 inch scratch”.) If Owner/Agent is collecting a security deposit or applies for WA State Landlord Mitigation Funds, the Resident must sign this form at the time of lease signing, before taking occupancy (RCW 59.18.260).

After Move-Out: Owner/Agent must describe the condition of each item (e.g., “no change”, “2 broken window panes” or “extensive damage - see attached photos”). Clean and make repairs then send completed Property Condition Checklist with Deposit Refund Statement to Resident within 21 days of move-out (RCW 59.18.280).

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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GROUNDS:

Fences/Gates	_____	_____	_____
Landscape	_____	_____	_____
Lawn	_____	_____	_____
Other	_____	_____	_____

ENTRY / HALL / STAIRS:

Ceiling	_____	_____	_____
Closet	_____	_____	_____
Entry Door/Locks	_____	_____	_____
Floor (specify type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (specify type)	_____	_____	_____
Windows / Tracks / Screens	_____	_____	_____
Other	_____	_____	_____

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MOVE-IN SIGN: OWNER/AGENT INITIALS _____ RESIDENT INITIALS _____ MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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LIVING ROOM:

Ceiling	_____	_____	_____
Door(s)	_____	_____	_____
Fireplace	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks Screens	_____	_____	_____

KITCHEN:

Cabinets/Counters	_____	_____	_____
Ceiling	_____	_____	_____
Diswasher (Make/Serial #)	_____	_____	_____
Disposal	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Refrigerator (Make/Serial #)	_____	_____	_____
Sink/Faucet	_____	_____	_____
Stove (Make/Serial #)	_____	_____	_____
Hood/Fan/Filter/Microwave	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Window/Tracks Screens	_____	_____	_____

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MOVE-IN SIGN: OWNER/AGENT INITIALS _____ RESIDENT INITIALS _____ MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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BATHROOM 1 (SPECIFY ROOM LOCATION): _____

Cabinets/Counters	_____	_____	_____
Ceiling	_____	_____	_____
Doors(s)	_____	_____	_____
Exhaust Fan/Heater	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Sink/Faucet	_____	_____	_____
Toilet	_____	_____	_____
Towel Racks/ Accessories	_____	_____	_____
Tub/Shower/ Showerhead/Faucet	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____

BATHROOM 2 (SPECIFY ROOM LOCATION): _____

Cabinets/Counters	_____	_____	_____
Ceiling	_____	_____	_____
Doors(s)	_____	_____	_____
Exhaust Fan/Heater	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Sink/Faucet	_____	_____	_____
Toilet	_____	_____	_____
Towel Racks/ Accessories	_____	_____	_____

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MOVE-IN SIGN: OWNER/AGENT INITIALS _____ **RESIDENT INITIALS** _____ **MOVE-OUT: OWNER/AGENT INITIALS** _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
BATHROOM 2 (CONTINUED):			
Tub/Shower/ Showerhead/Faucet	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____
BEDROOM 1 (SPECIFY ROOM LOCATION): _____			
Ceiling	_____	_____	_____
Closets/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____
Other	_____	_____	_____
BEDROOM 2 (SPECIFY ROOM LOCATION): _____			
Ceiling	_____	_____	_____
Closets/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____
Other	_____	_____	_____

MOVE-IN SIGN: OWNER/AGENT INITIALS _____ RESIDENT INITIALS _____ MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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BEDROOM 3 (SPECIFY ROOM LOCATION): _____

Ceiling	_____	_____	_____
Closets/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____
Other	_____	_____	_____

UTILITY ROOM:

Ceiling	_____	_____	_____
Closets/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Window/Tracks/ Screens	_____	_____	_____

GARAGE:

Cabinet/Shelves	_____	_____	_____
Entry Door/Locks	_____	_____	_____
Floor (Type)	_____	_____	_____
Garage Door/Locks	_____	_____	_____
Light Fixtures	_____	_____	_____

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MOVE-IN SIGN: OWNER/AGENT INITIALS _____ **RESIDENT INITIALS** _____ **MOVE-OUT: OWNER/AGENT INITIALS** _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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GARAGE (CONTINUED):

Walls	_____	_____	_____
Windows/Tracks Screens	_____	_____	_____
Other	_____	_____	_____

General:

Storage Area	_____	_____	_____
Washer	_____	_____	_____
Dryer	_____	_____	_____
Water Heater	_____	_____	_____
	Inaccessible	Set to 120°F: Yes No	Set to 120°F: Yes No
Smoke Detector(s)	_____	_____	_____
		Functioning: Yes No	Functioning: Yes No
CO Detector(s)	_____	_____	_____
		Functioning: Yes No	Functioning: Yes No

OTHER ROOM 1 (SPECIFY ROOM TYPE & LOCATION): _____

Ceiling	_____	_____	_____
Closet/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/ Screens	_____	_____	_____
Other	_____	_____	_____

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MOVE-IN SIGN: OWNER/AGENT INITIALS _____ **RESIDENT INITIALS** _____ **MOVE-OUT: OWNER/AGENT INITIALS** _____

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
OTHER ROOM 2 (SPECIFY ROOM TYPE & LOCATION): _____			
Ceiling	_____	_____	_____
Closet/Shelves	_____	_____	_____
Door(s)	_____	_____	_____
Floor (Type)	_____	_____	_____
Light Fixtures	_____	_____	_____
Walls	_____	_____	_____
Window Coverings (Type)	_____	_____	_____
Windows/Tracks/Screens	_____	_____	_____
Other	_____	_____	_____

MOVE-IN CONDITION ACKNOWLEDMENT AND SIGNATURES

I/We have inspected the above premises prior to occupancy and accept the unit as habitable with the conditions noted. I/We understand that upon vacating the above unit, charges will be assessed for cleaning required. Repair and replacement costs resulting from resident negligence will also be added.

This checklist is pursuant to Washington State Landlord/Tenant Law, RCW 59.18.260. Both Resident and Owner/Agent should retain a signed copy of the completed Property Condition Checklist with your rental agreement.

Owner/Agent: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____

MOVE-OUT ACKNOWLEDGEMENT AND SIGNATURE

I have inspected the above premises after the above listed resident(s) moved out, and observed the conditions noted. Charges will be assessed for cleaning and repair/replacement costs resulting from resident negligence. This form along with the completed Deposit Refund Statement and any remaining deposit funds will be mailed to Resident within 21 days of move-out, pursuant to RCW 59.18.280.

Owner/Agent: _____	Signature: _____	Date: _____
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