



PROPERTY CONDITION REPORT FOR: _____

DATE: _____ REVIEWED BY _____

Action Required	Item	Comments	As New	Good	Fair
<input type="checkbox"/>	First Impression				
<input type="checkbox"/>	Foyer and Entry				
<input type="checkbox"/>	Living Areas				
<input type="checkbox"/>	Kitchen				
<input type="checkbox"/>	Dining				
<input type="checkbox"/>	Master Bedroom				
<input type="checkbox"/>	Master Bath				
<input type="checkbox"/>	Guest Bedrooms				
<input type="checkbox"/>	Baths				
<input type="checkbox"/>	Laundry				
<input type="checkbox"/>	Appliances				
<input type="checkbox"/>	Windows				
<input type="checkbox"/>	Ceilings				
<input type="checkbox"/>	Electronics				
<input type="checkbox"/>	Furnishings				
<input type="checkbox"/>	Bedding				
<input type="checkbox"/>	Cutlery/Glassware				
<input type="checkbox"/>	_____				
<input type="checkbox"/>	_____				