TEXAS APARTMENT ASSOCIATION
M E M B E R

Inventory and Condition Form

Resident's Name: _____ Home #: (_____) _____ Work #: (_____) _____
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Resident's Name: _____ Home #: (_____) _____ Work #: (_____) _____
Apartment Community Name: _____
or Street Address (if house, duplex, etc.): _____ Apt.# _____

Within 48 hours after move-in, you must note on this form all defects, damage, or safety or pest-related concerns and return it to our representative. Otherwise, everything will be considered to be in a clean, safe, and good working condition. Please mark through items listed below or put "none" if the items don't exist. This form protects both you (the resident) and us (the owner). We'll use it in determining what should and should not be considered your responsibility upon move-out. You are entitled to a copy of this form after it is filled out and signed by you and us.

❒ **Move-In or** ❒ **Move-Out Condition** *(Check one)*

Living Room

Walls _____
_____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____
_____
Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Closets, rods, shelves _____
Closet lights, fixtures _____
Lamps, bulbs _____
Water stains or mold on walls, ceilings or baseboards _____
_____
Other _____

Kitchen

Walls _____
_____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____
_____
Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Cabinets, drawers, handles _____
Countertops _____
Stove/oven, trays, pans, shelves _____
Vent hood _____
Refrigerator, trays, shelves _____
Refrigerator light, crisper _____
Dishwasher, dispensers, racks _____
Sink/disposal _____
Microwave _____
Plumbing leaks, water stains or mold on walls, ceilings or baseboards
_____
Other _____
_____

General Items

Thermostat _____
Cable TV or master antenna _____
A/C filter _____
Washer/dryer _____
Garage door _____
Ceiling fans _____
Exterior doors, screens/screen doors, doorbell _____
_____
Fireplace _____
Other _____

Dining Room

Walls _____
_____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____
_____
Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Closets, rods, shelves _____
Closet lights, fixtures _____
Water stains or mold on walls, ceilings or baseboards _____
_____
Other _____

Halls

Walls _____
_____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____
_____
Doors, stops, locks _____
Closets, rods, shelves _____
Closet lights, fixtures _____
Water stains or mold on walls, ceilings or baseboards _____
Other _____

Exterior (if applicable)

Patio/yard _____
Fences/gates _____
Faucets _____
Balconies _____
Other _____

Bedroom *(describe which one)*: _____

Walls _____
Wallpaper _____
Plugs, switches, A/C vents _____
Woodwork/baseboards _____
Ceiling _____
Light fixtures, bulbs _____
Floor/carpet _____
_____
Doors, stops, locks _____
Windows, latches, screens _____
Window coverings _____
Closets, rods, shelves _____
Closet lights, fixtures _____
Water stains or mold on walls, ceilings or baseboards _____
_____
Other _____

Form valid for TAA members only

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Bedroom *(describe which one)*: _____

Walls _____

_____

Wallpaper _____

Plugs, switches, A/C vents _____

Woodwork/baseboards _____

Ceiling _____

Light fixtures, bulbs _____

Floor/carpet _____

_____

Doors, stops, locks _____

Windows, latches, screens _____

Window coverings _____

Closets, rods, shelves _____

Closet lights, fixtures _____

Water stains or mold on walls, ceilings or baseboards _____

_____

Other _____

Bath *(describe which one)*: _____

Walls _____

Wallpaper _____

Plugs, switches, A/C vents _____

Woodwork/baseboards _____

Ceiling _____

Light fixtures, bulbs _____

Exhaust fan/heater _____

Floor/carpet _____

_____

Doors, stops, locks _____

Windows, latches, screens _____

Window coverings _____

Sink, faucet, handles, stopper _____

Countertops _____

Mirror _____

Cabinets, drawers, handles _____

Toilet, paper holder _____

Bathtub, enclosure, stopper _____

Shower, doors, rods _____

Tile _____

Plumbing leaks, water stains or mold on walls, ceilings or baseboards

_____

Other _____

Half Bath

Walls _____

_____

Wallpaper _____

Plugs, switches, A/C vents _____

Woodwork/baseboards _____

Ceiling _____

Light fixtures, bulbs _____

Exhaust fan/heater _____

Floor/carpet _____

_____

Doors, stops, locks _____

Windows, latches, screens _____

Window coverings _____

Sink, faucet, handles, stopper _____

Countertops _____

Mirror _____

Cabinets, drawers, handles _____

Toilet, paper holder _____

Tile _____

Plumbing leaks, water stains or mold on walls, ceilings or baseboards

_____

Other _____

Bedroom *(describe which one)*: _____

Walls _____

_____

Wallpaper _____

Plugs, switches, A/C vents _____

Woodwork/baseboards _____

Ceiling _____

Light fixtures, bulbs _____

Floor/carpet _____

_____

Doors, stops, locks _____

Windows, latches, screens _____

Window coverings _____

Closets, rods, shelves _____

Closet lights, fixtures _____

Water stains or mold on walls, ceilings or baseboards _____

_____

Other _____

Bath *(describe which one)*: _____

Walls _____

Wallpaper _____

Plugs, switches, A/C vents _____

Woodwork/baseboards _____

Ceiling _____

Light fixtures, bulbs _____

Exhaust fan/heater _____

Floor/carpet _____

_____

Doors, stops, locks _____

Windows, latches, screens _____

Window coverings _____

Sink, faucet, handles, stopper _____

Countertops _____

Mirror _____

Cabinets, drawers, handles _____

Toilet, paper holder _____

Bathtub, enclosure, stopper _____

Shower, doors, rods _____

Tile _____

Plumbing leaks, water stains or mold on walls, ceilings or baseboards

_____

Other _____

Safety or Pest-Related Items *(Put "none" if item does not exist)*

Door knob locks _____

Keyed deadbolt locks _____

Keyless deadbolts _____

Keyless bolting devices _____

Sliding door latches _____

Sliding door security bars _____

Sliding door pin locks _____

Doorviewers _____

Window latches _____

Porch and patio lights _____

Smoke alarms (push button to test) _____

Other detectors _____

Alarm system _____

Fire extinguishers (look at charge level—BUT DON'T TEST!) _____

Garage door opener _____

Gate access card(s) _____

Other _____

_____

Pest-related concerns _____

_____

Date of Move-In: _____

or Date of Move-Out: _____

Acknowledgment. You acknowledge that you have inspected and tested all of the safety-related items (if in the dwelling) and that they are working, except as noted above. All items will be assumed to be in good condition unless otherwise noted on this form. You acknowledge receiving written operating instructions on the alarm system and gate access entry systems (if there are any). You acknowledge testing the smoke alarms and any other detector(s) and verify they are operating correctly. You acknowledge that you and our representative have inspected the dwelling and that no signs of bed bugs or other pests are present.

In signing below, you accept this inventory as part of the Lease Contract and agree that it accurately reflects the condition of the premises for purposes of determining any refund due to you when you move out and for bringing to our attention any safety or pest-related concerns.

Resident or Resident's Agent: _____ **Date of Signing:** _____

Owner or Owner's Representative: _____ **Date of Signing:** _____

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