

Unit Condition Form

Address _____

Tenant Name _____

Date Of Inspection _____ Move In Date _____

**Check The Items That Are In Good Condition
Give A Brief Description Of Items That Need Repair**

Kitchen

Doors _____

Walls _____

Ceiling _____

Floor _____

Sink _____

Stove _____

Cabinets _____

Closet _____

Lighting _____

Windows _____

Other _____

Living Room

Doors _____

Walls _____

Ceiling _____

Floor _____

Lighting _____

Windows _____

Other _____

Dining Room

Doors _____

Walls _____

Ceiling _____

Floor _____

Lighting _____

Windows _____

Other _____

Bathroom

Doors _____

Walls _____

Ceiling _____

Floor _____

Lighting _____

Windows _____

Sink/Cabinet _____

Tub/Shower _____

Other _____

Bedroom #1 (if applicable)

Location _____

Doors _____

Walls _____

Ceiling _____

Floor _____

Lighting _____

Windows _____

Other _____

This form is NOT for reporting maintenance issues. All maintenance issues should be reported separately in writing, online, or by calling Urban Pharm at 616-855-4540.

Unit Condition Form (cont.)

Bedroom #2 (if applicable)

Location _____
Doors _____ Walls _____
Ceiling _____ Floor _____
Lighting _____ Windows _____
Other _____

Bedroom #3 (if applicable)

Location _____
Doors _____ Walls _____
Ceiling _____ Floor _____
Lighting _____ Windows _____
Other _____

Miscellaneous

Heating _____
Air Conditioning _____
Handsets/Locks _____
Smoke Detectors _____
Exterior Screen Doors _____
Driveway _____

Appliances (Make, Model, Condition)

Stove _____
Dishwasher _____
Refrigerator _____
Washer _____
Dryer _____

This acceptance is made with the understanding that the unit's condition is acceptable to both the Lessee and Lessor (except where noted). Any discrepancies in condition between the date of acceptance and the day of termination are the responsibility of the renter. Any damages to the property can be billed to the renter.

Lessee Date

Lessor Date

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