



A Division of Wilson & Quarles Realty

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Residential Commercial Management

PROPERTY CONDITON REPORT

Property Address: _____

Tenant's Name(s): _____

This report is due to Wilson & Quarles Rentals within 10 days from the first day of your lease. Failure to return this report to Wilson & Quarles Rentals by the due date will cause the Tenant(s) to be responsible for all damages to the property. All parties on the lease are required to sign this report.

The purpose of this is for you to identify any pre-existing damages upon move-in that you do not want to be held accountable for at move-out. Unless there is something written in this report all items are assumed to be in place, clean, fully operational and without defect; writing E or excellent, G or Good or ok or simply placing a check mark would indicate the same. Any damage after move-in (beyond normal wear and tear) will be repaid/replaced at the Tenant(s) expense. We strongly encourage Tenant(s) to conduct a thorough inspection and note any damage or missing items.

Make sure to describe the location of the rooms to avoid confusion. We also encourage you to take pictures of each area and of any noted deficiencies.

This form is not a repair request. You must submit all requests for repairs separately in accordance with your Lease.

Please be sure to keep a copy for yourself.

FOR OFFICE / INTERNAL USE

PM MI RPT x _____ ADMIN CONFIRMATION

Report has been completed & Photos have been saved on the server

PM MI RPT x _____ ADMIN CONFIRMATION

Report received from Tenant(s) on ____/____/____

Initial _____

Move - In Notes

Date of Report: ____/____/____

Move-Out Notes

Date of Report: ____/____/____

ACCESS

Door Keys
Garage Door Remotes
Other Keys

Provided at Move-In

____ Type: _____

Returned at Move-Out

____ Type: _____

ALL

General Notes

EXTERIOR

Front Lawn

Back Lawn

Fences/Gates

Other

GARAGE

Overhead Door

Entry Door

Floor

Other

LIVING ROOM

Location: _____

Walls & Ceiling

Flooring

Windows/Screens

Initial _____

Blinds/Drapes

Other

DINING ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

KITCHEN

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

FAMILY ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

HALLS

Walls & Ceiling

Flooring

Other

MASTER BEDROOM

(1) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

MASTER BATHROOM

(1) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BEDROOM

(2) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BEDROOM

(3) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BEDROOM

(4) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BATHROOM

(2) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

BATHROOM

(32) LOCATION: _____

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

LAUNDRY ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

Initial _____

UTILITY ROOM

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

OTHER

Walls & Ceiling

Flooring

Windows/Screens

Blinds/Drapes

Other

ADDITIONAL NOTES

APPLIANCES ON SITE

COLOR

YES	NO	Refrigerator	_____
YES	NO	Range Oven/Stove	_____
YES	NO	Dishwasher	_____
YES	NO	Microwave	_____
YES	NO	Range Hood	_____
YES	NO	Disposal	_____
YES	NO	Washer	_____
YES	NO	Dryer	_____

Other Property Inventory Notes

QUALITY CONTROL

There is at least one working smoke detector on each level of the home.

YES & Photo(s) taken NO Explain: _____

There are working CO detectors within 15 feet of any/all bedroom doors.

YES & Photo(s) taken NO Explain: _____

All Light-fixtures are functioning properly with working bulbs:

YES NO Explain: _____

All plumbing is running and draining properly:

YES NO Explain: _____

All appliances appear to be functioning properly:

YES NO Explain: _____

The undersigned acknowledge that the above is an accurate assessment of the condition of the property as of the date signed.

X _____
Tenant

Date ____/____/____

X _____
Tenant

Date ____/____/____

X _____
Tenant

Date ____/____/____

X _____
Agent

Date ____/____/____

Initial _____

