



PROPERTY CONDITION FORM
Hawaii Association of Realtors® Standard Form
Revised 9/03 (NC) For Release 11/06



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Tenant Name(s) _____
 Property Address _____ City _____ Unit # _____
 Move-in Date _____ Move-out Date _____

The move-in part of this form has been completed by management prior to you moving in. Please review and sign on the last page. You have seven (7) days to return this form. Failure to do so indicates your acceptance of the condition as noted.

AREA	MOVE -IN	COMMENTS	MOVE -OUT	COMMENTS
EXTERIOR				
A/C compressor				
Back Door/Locks				
Doorbell				
Fences				
Front Door/Locks				
Lighting				
Mailbox/Porch				
Windows				
Yard				
LIVING ROOM				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Fireplace				
Flooring/Carpet				
Lights/Switches/Outlets				
Phone jack/cable				
Window coverings				
Windows/Screens				
Others				
DINING ROOM				
Baseboard				
Ceiling/Walls				
Doors/Woodwork				
Flooring/Carpet				
Lights/Switches/Outlets				
Phone jack/cable				
Window coverings				
Windows/Screens				
Other				
KITCHEN				
Baseboard				
Broiler pan				
Cabinets				
Ceiling/Walls				
Countertop				
Dishwasher				
Doors/Woodwork				
Drip pans				
Flooring/Carpet				



AREA	MOVE -IN	COMMENTS	MOVE -OUT	COMMENTS
KITCHEN (Cont'd)				
Garbage Disposal				
Hood/Fan				
Ice maker/ice trays				
Lights/Switches/Outlets				
Microwave				
Phone jack/cable				
Refrigerator				
Sink/Faucet				
Stovetop/oven/range				
Window coverings				
Windows/Screens				
Other				
ACTIVITY ROOM				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Fireplace				
Flooring/Carpet				
Lights/Switches/Outlets				
Window coverings				
Windows/Screens				
HALLWAY				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Flooring				
Lights/Switches/Outlets				
GARAGE/CARPORT/STALLS				
Closets/Others				
Floor				
Lights/Switches/Outlets				
Opener/Door/Windows				
MASTER BEDROOM ()				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Flooring/Carpet				
Lights/Switches/Outlets				
Window coverings				
Windows/Screens				
BEDROOM ()				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Flooring				
Lights/Switches/Outlets				
Window coverings				
Windows/Screens				

AREA	MOVE -IN	COMMENTS	MOVE -OUT	COMMENTS
BEDROOM ()				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Flooring				
Lights/Switches/Outlets				
Window coverings				
Windows/Screens				
BEDROOM ()				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Flooring				
Lights/Switches/Outlets				
Window coverings				
Windows/Screens				
BATHROOM ()				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Fan				
Flooring				
Lights/Switches/Outlets				
Mirror/Medicine Cabinet				
Shower Curtain or Enclosure				
Sink/Vanity				
Stoppers				
Toilet				
Towel Rack/hooks				
Tub/Shower				
Window coverings				
Windows/Screens				
BATHROOM ()				
Baseboard				
Ceiling/Walls				
Closets/Other				
Doors/Woodwork				
Fan				
Flooring				
Lights/Switches/Outlets				
Mirror/Medicine Cabinet				
Shower Curtain or Enclosure				
Sink/Vanity				
Stoppers				
Toilet				
Towel Rack/hooks				
Tub/Shower				
Window coverings				
Windows/Screens				

AREA	MOVE -IN	COMMENTS	MOVE -OUT	COMMENTS
BASEMENT				
Ceiling/Walls				
Flooring				
Lights/Switches/Outlets				
Windows/Screens				
MISCELLANEOUS				
Air Conditioner(s) (#)				
Ceiling fans (#)				
Lanai				
Pool/Spa/Equipment				
Washer/Dryer				
Water Heater				
SAFETY DETECTION DEVICES				
Smoke/Heat				
Carbon Monoxide				
OTHER				

I understand that the MOVE-IN section will be compared to the MOVE-OUT section at the time of move-out and that I will be responsible for any and all discrepancies in an item's condition. I understand that at the time of move-out, Landlord may deduct from my security deposit the costs of cleaning, repairing, or restoring the items on this form to their move-in condition, except for damage caused by ordinary wear and tear.

MOVE-IN	MOVE-OUT
# of Keys Received: Unit _____ Bldg _____ Garage _____ Mail _____ Pool _____ Storage/Utility _____ Parking _____ Compactor _____	# of Keys Returned: Unit _____ Bldg _____ Garage _____ Mail _____ Pool _____ Storage/Utility _____ Parking _____ Compactor _____
I hereby acknowledge that I have reviewed all four pages and acknowledge this is an accurate statement of the condition of the Property at the time of my taking occupancy. I further understand that I shall be required to deliver the Property in this same condition at the termination of my tenancy or to pay for any costs to restore the Property to its original condition at the time I took possession of the Property, normal wear and tear excepted.	I certify that the above check out inspection represents a true record of the condition of the unit and its contents upon vacating.
_____ Tenant's Signature Date	_____ Tenant's Signature Date
_____ Tenant's Signature Date	_____ Tenant's Signature Date
_____ Tenant's Signature Date	_____ Tenant's Signature Date
_____ Manager/Landlord's Signature Date	_____ Manager/Landlord's Signature Date