



THE HOUSING AUTHORITY OF PRINCE GEORGE'S COUNTY



RUSHERN L. BAKER, III
County Executive

ERIC C. BROWN
Acting Executive Director

CONDITION OF PREMISES CHECKLIST

Name of Landlord _____

Address _____

Name of Tenant(s) _____

	Moving in				Moving out			
	OK Clean	Damaged	Missing	Not Cleaned	OK Clean	Damaged	Missing	Not Cleaned
Kitchen								
Stove/Oven/Range Hood								
Refrigerator								
Cabinets/Countertop								
Dishwasher								
Sink/Stopper/Disposal								
Floor/Tile								
Ceiling/Lights								
Walls/Trim/Outlets/GFI								
Windows/Screens								
Other								
Bathroom								
Bathtub/Stopper								
Toilet								
Sink/Stopper								
Cabinets/Mirrors								
Floor/Tile								
Ceiling/Lights								
Walls/Trim/Outlets/GFI								
Windows/Screens								
Other								

	Moving in				Moving out			
	OK Clean	Damaged	Missing	Not Cleaned	OK Clean	Damaged	Missing	Not Cleaned
Living Room								
Floor/Carpet								
Ceiling/Lights								
Walls/Trim/Outlets								
Blinds/Draperies								
Doors/Closets								
Windows/Screens								
Other								
Dining Room								
Floor/Carpet								
Ceiling/Lights								
Walls/Trim/Outlets								
Blinds/Draperies								
Doors/Closets								
Windows/Screens								
Other								
Bedroom 1								
Floor/Carpet								
Ceiling/Lights								
Walls/Trim/Outlets								
Blinds/Draperies								
Windows/Screens								
Doors/Closets								
Other								
Bedroom 2								
Floor/Carpet								
Ceiling/Lights								
Walls/Trim/Outlets								
Blinds/Draperies								
Windows/Screens								
Doors/Closets								
Other								

	Moving in				Moving out			
	OK Clean	Damaged	Missing	Not Cleaned	OK Clean	Damaged	Missing	Not Cleaned
Bedroom 3								
Floor/Carpet								
Ceiling/Lights								
Walls/Trim/Outlets								
Blinds/Draperies								
Windows/Screens								
Doors/Closets								
Other								
Hall & Stairwell								
Treads								
Carpet/Landing								
Ceiling/Lights								
Basement								
Furnace								
Hot Water Heater								
Washer & Dryer								
Plumbing								
Stairs								
Walls/Floor								
Other								
Exterior								
Roof								
Siding								
Sidewalk/Walkway								
Entrance/Stairwell								
Front/Back Yard								
Deck/Porch/Balcony								
Other								
Miscellaneous								
Smoke Detectors on each level								
Fire Extinguisher								
Pest Control								

Move In

Move Out

Tenant's Signature

Tenant's Signature

Date

Date

Landlord (or representative) Signature

Landlord (or representative) Signature

Security Deposit Amount

Forwarding Address

Keys Released

Keys Released

YES

NO

YES

NO

Other: _____
