



FARON PROPERTIES  
& M J PARTNERS

# APARTMENT CONDITION

Resident(s) name \_\_\_\_\_

Apartment address \_\_\_\_\_ Number \_\_\_\_\_

LOCATION	<b>MOVE-IN INSPECTION</b> Date _____ The Resident accepts responsibility for the condition of the above-described apartment AS IS, with any exceptions listed below.	<b>MOVE-OUT INSPECTION</b> Date _____ The following inspection reveals any damage beyond normal wear and tear to determine the deduction to be made from Resident's security deposit.	NOTE: The Resident shall be responsible for the condition of the apartment AS IS, and any damage beyond normal wear and tear will be paid for at Resident's expense.
LIVING / DINING			Move-In Inspection Accepted Resident _____ Resident _____ Resident _____ Manager/agent _____
KITCHEN			
BATHROOM			
BEDROOM #1			Date Vacated _____ All keys returned? _____ Forwarding address _____ _____ _____
BEDROOM #2			
BEDROOM #3			
EXTERIOR			Move-out Inspection Accepted Resident _____ Resident _____ Resident _____ Manager/agent _____
OTHER			

Please check and make sure the following are working properly: (P.S. if you have no gas service into your apartment, you will have not have a carbon monoxide alarm.)

Smoke Alarm \_\_\_\_\_ Yes or \_\_\_\_\_ No      Carbon Monoxide Alarm \_\_\_\_\_ Yes or \_\_\_\_\_ No

Please locate these items in your apartment. If you cannot locate them put N/A by the item.

Toilet (s) shut off valve. \_\_\_\_\_ This will be next to the toilet somewhere.

Bathroom faucet shut off valve. \_\_\_\_\_ This is under the bathroom sink.

Kitchen faucet shut off valve. \_\_\_\_\_ This is under the kitchen sink.

Visible access to breaker box panel. \_\_\_\_\_