

CONDITION ASSESSMENT FORM

This is an important document. Proper application may assure the return of your cleaning deposit (any portion not deducted according to the terms of your lease). It should be filled out completely by both the landlord and tenant as close to the beginning of the agreement as possible preferably before taking possession of the premises. Keep a copy in your rental file.

Resident's name: _____ Move-in-date: _____

Address: _____ Move-out-date: _____

Item	Qty.	Condition at Time of Check-in	Condition at Time of Check-out	Notes
Sofa Sectional				
Easy Chair				
Straight back Chair				
Dining Table				
End Table				
Desk				
Bookshelves				
Bed				
Chest of Drawers				
Mirrors				
Drapes				
Shades				
Cabinets				
Carpets				
Floors				
Walls				
Doors				
Windows				
Stove				
Refrigerator				
Keys Issued				
Bathroom Fixtures				
Shower				
Toilet				
Other				

Approved
Check-in Date: _____

Approved
Check-out Date: _____

Landlord Name & Signature

Landlord Name & Signature

Tenant Signature

Tenant Signature



THE UNIVERSITY OF ARIZONA
HOUSING & RESIDENTIAL LIFE

Off-Campus Housing