

DIAMOND PROPERTIES INC.
MOVE-IN /MOVE OUT CONDITION REPORT

ADDRESS _____ UNIT _____
TENANTS (S) _____

Area/Item	Move In	Move Out	Est. Repair Cost
KITCHEN			
Floors/Covering			Cost
Walls & Ceilings			Cost
Windows			Cost
Blinds			Cost
Doors/Knobs			Cost
Light Fixtures			Cost
Bulbs			\$6 each
Cupboards			Cost
Countertops			Cost
Sink/Faucet			Cost
Plumbing			Cost
APPLIANCES			
Stove			\$25 Cleaning
Fridge			\$25 Cleaning
Dishwasher			\$15 Cleaning
Vent a hood			\$25 Cleaning
Drop pans			
Garbage Disposal			Cost
Washer/Dryer			
LIVING ROOM			
Floors/Covering			Cost
Walls/Ceilings			Cost
Windows			Cost
Blinds			Cost
Doors/Knobs			Cost
Light Fixtures			Cost
Screens			Cost
Patio door			Cost
Front door			\$50 Locks
Back door			\$50 Locks
DINING ROOM			Cost
Floors/Covering			Cost
Walls/Ceilings			Cost
Windows/Lights			Cost
Blinds			Cost
Doors/Knobs			Cost

Area/Item	Move Out	Est. Repair Cost
BATHROOM		
Floors		Cost
Walls/Ceilings		Cost
Windows		Cost
Blinds		Cost
Doors/Knobs		Cost
Light Fixtures		Cost
Toilet Seat		\$15 replace
Sink Faucet		Cost
Tub Faucet		\$25 - \$50 Cleaning
Cabinets		Cost
Mirrors		\$40 Up
Drains		Cost
Light Switches		Cost
Shower Head		\$35 Replace
Shower Rod		\$20 Replace
Towel Rack		Cost
Tissue Holder		Cost
BEDROOM 1 2 3		
Floors		Cost
Walls/Ceilings		Cost
Windows		Cost
Blinds		Cost
Doors/Knobs		Cost
Light Fixtures		Cost
Closet		Cost
MISC. ITEMS		
Legal Fees		\$175.50 Up
Trash out		\$50 Up
Paint		Cost
Change Locks		\$75 Up
Unit Cleaning		\$85 Up

Total Estimated Repair Cost \$_____

Tenant(s)

Date

Agent

Date

*All visible damage to the unit listed above **MUST** be contained in this report to relinquish tenant of responsibility*

DIAMOND PROPERITES INC.
Statement of Deposit (SODA)
Unit Address _____

Security Deposit on hand \$ _____ _____ Tenant Forfeit Deposit

Termination Fee \$ _____

Balance Due on Account \$ _____ _____ Deducted from Rental Deposit Account

Estimated Repair Costs \$ _____ _____ Check #

Total Amount of Refund \$ _____

_____ Check #

Total Amount Outstanding \$ _____

Signatures

Report completed by: _____ Date: _____

Tenants (s) Signature: _____ Date: _____

_____ Tenant did not return for a walk through inspection.

If you owe a balance, you have 30 days in which to pay this amount in full or be sent to collections. If you are due a refund, your refund check will be mail within 30 days.