



TEXAS ASSOCIATION OF REALTORS®

PROPERTY MANAGER'S INVENTORY AND CONDITION REPORT

USE OF THIS FORM BY PERSONS WHO ARE NOT MEMBERS OF THE TEXAS ASSOCIATION OF REALTORS® IS NOT AUTHORIZED. ©Texas Association of REALTORS®, Inc. 2004

CONCERNING THE PROPERTY AT _____

Date of Report: _____

Check only the items that are in, on, or part of the Property.

Table with 2 columns: Exterior Items, Comments. Rows include Mailbox, Fences & Gates, Sheds & Outbuildings, Lawns, Trees, & Shrubs, Undergrd. Lawn Sprinkler, Exterior Faucets, Roof & Gutters, Siding & Paint, Driveway, Exterior Doors, Door Bell, Exterior Lights, Patio or Deck, Water Shut-Off Valve, Gas Shut-Off Valve, Electrical Breakers, Other.

Table with 2 columns: Garage, Comments. Rows include Ceilings & Walls, Floor, Light Fixtures, Cabinets & Shelves, Auto Door Openers, Remotes for Doors, Garage Doors, Door to Dwelling, Other Doors, Storage Room, Other.

Table with 2 columns: Entry, Comments. Rows include Ceilings & Walls, Paint & Wallpaper, Doors, Light Fixtures, Windows/Screens/Latches.

Entry (cont.)	Comments
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Living Room	Comments
<input type="checkbox"/> Ceilings & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Fireplace/Logs/Equip.	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Dining Room	Comments
<input type="checkbox"/> Ceilings & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Kitchen & Breakfast	Comments
<input type="checkbox"/> Ceilings & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Pantry & Shelves	
<input type="checkbox"/> Cabinets & Handles	
<input type="checkbox"/> Drawers & Handles	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Countertops	
<input type="checkbox"/> Grout & Caulking	
<input type="checkbox"/> Range/Cooktop	

Kitchen & Brkf. (cont.)	Comments
<input type="checkbox"/> Microwave	
<input type="checkbox"/> Dishwasher	
<input type="checkbox"/> Oven (racks, knobs, broiler pan, light cover, bulb, element)	
<input type="checkbox"/> Vent Hood (light, fan, & filter)	
<input type="checkbox"/> Garbage Disposer	
<input type="checkbox"/> Sink/Faucet/Sprayer	
<input type="checkbox"/> Refrigerator (shelves, bulb light cover, drawers)	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Halls	Comments
<input type="checkbox"/> Ceilings & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Light Fixtures	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Family Room	Comments
<input type="checkbox"/> Ceilings & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Fireplace/Logs/Equip.	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Master Bedroom (1)	Comments
<input type="checkbox"/> Ceilings & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	

Master Bdrm. (cont.)	Comments
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Master Bathroom (1)	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Lights & Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets & Handles	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Countertops	
<input type="checkbox"/> Sinks/Faucets/Stoppers	
<input type="checkbox"/> Tub/Shower & Faucets	
<input type="checkbox"/> Grout & Caulking	
<input type="checkbox"/> Toilet/Lid/Seat/Paper Hldr	
<input type="checkbox"/> Heaters & Exhaust Fans	
<input type="checkbox"/> Towel Fixtures	
<input type="checkbox"/> Other	

Bedroom (2)	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Bedroom (3)	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	

Bedroom (3) (cont.)	Comments
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Bedroom (4)	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Lights & Ceiling Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Bathroom (2)	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Lights & Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets & Handles	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Countertops	
<input type="checkbox"/> Sinks/Faucets/Stoppers	
<input type="checkbox"/> Tub/Shower & Faucets	
<input type="checkbox"/> Grout & Caulking	
<input type="checkbox"/> Toilet/Lid/Seat/Paper Hldr	
<input type="checkbox"/> Heaters & Exhaust Fans	
<input type="checkbox"/> Towel Fixtures	
<input type="checkbox"/> Other	

Bathroom (3)	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Lights & Fans	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Drapes/Blinds/Shutters	
<input type="checkbox"/> Plugs & Switches	

Bathroom (3) (cont.)	Comments
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets & Handles	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Countertops	
<input type="checkbox"/> Sinks/Faucets/Stoppers	
<input type="checkbox"/> Grout & Caulking	
<input type="checkbox"/> Tub/Shower & Faucets	
<input type="checkbox"/> Toilet/Lid/Seat/Paper Hldr	
<input type="checkbox"/> Heaters & Exhaust Fans	
<input type="checkbox"/> Towel Fixtures	
<input type="checkbox"/> Other	

Utility Room	Comments
<input type="checkbox"/> Ceiling & Walls	
<input type="checkbox"/> Paint & Wallpaper	
<input type="checkbox"/> Doors (doors, viewers, locks, stops, & knobs)	
<input type="checkbox"/> Light Fixtures	
<input type="checkbox"/> Windows/Screens/Latches	
<input type="checkbox"/> Plugs & Switches	
<input type="checkbox"/> Closet Shelves & Rods	
<input type="checkbox"/> Cabinets & Handles	
<input type="checkbox"/> Flooring	
<input type="checkbox"/> Countertops	
<input type="checkbox"/> Sinks & Faucets	
<input type="checkbox"/> Grout & Caulking	
<input type="checkbox"/> Washer & Dryer	
<input type="checkbox"/> W & D Connections	
<input type="checkbox"/> Smoke Detector	Tested? <input type="checkbox"/> yes <input type="checkbox"/> no Working? <input type="checkbox"/> yes <input type="checkbox"/> no Battery: _____
<input type="checkbox"/> Other	

Other	Comments
<input type="checkbox"/> Central AC & Heat (units, filters, thermostats)	Note # of units & filter size.
<input type="checkbox"/> Window A/C Units	Note # of units.
<input type="checkbox"/> Space or Wall Heaters	Note # of units.
<input type="checkbox"/> Water Heater	Note # of units & capacity.
<input type="checkbox"/> Water Softener	
<input type="checkbox"/> Alarm System	
<input type="checkbox"/> Central Vacuum	
<input type="checkbox"/> Other	

Number of Keys: (Report the number of keys or devices.)

Door keys: _____ Garage Door Remotes: _____ Security Cards: _____ Mailbox keys: _____
 Ceiling Fan Remotes: _____ Laundry Room Keys: _____ Recreational Facilities Keys or Cards: _____

<i>Receipt of report acknowledged by:</i>	
Signature _____	Date _____
Printed Name _____	

Signature of Person Completing Report _____
 Printed Name: _____