

# Community Space Condition Agreement

\_\_\_\_\_ Academic Year

**WPN Property:** \_\_\_\_\_

**Address of Property:** \_\_\_\_\_

**House Manager Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**House Manager Billing Address:** \_\_\_\_\_

## Kitchen

Location	Beginning Condition	Date	Ending Condition	Date
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

## Notes:

*If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Kitchen  
Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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### Laundry Room

Location	Beginning Condition	Date	Ending Condition	Date
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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### Furniture Inventory

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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### Outdoor Space

Item/Location	Beginning Condition	Date	Ending Condition	Date
Parking Lot	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Landscaping	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Lawn	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Lighting	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Signage	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Roof	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Gutters	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Porch/Deck/Patio	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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### Furniture Inventory

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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<b>Room</b>	<b>Beginning Condition</b>	<b>Date</b>	<b>Ending Condition</b>	<b>Date</b>
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

<b>Item</b>	<b>Beginning Condition</b>	<b>Date</b>	<b>Ending Condition</b>	<b>Date</b>
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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<b>Room</b>	<b>Beginning Condition</b>	<b>Date</b>	<b>Ending Condition</b>	<b>Date</b>
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

<b>Item</b>	<b>Beginning Condition</b>	<b>Date</b>	<b>Ending Condition</b>	<b>Date</b>
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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<b>Room</b>	<b>Beginning Condition</b>	<b>Date</b>	<b>Ending Condition</b>	<b>Date</b>
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

<b>Item</b>	<b>Beginning Condition</b>	<b>Date</b>	<b>Ending Condition</b>	<b>Date</b>
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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Room	Beginning Condition	Date	Ending Condition	Date
<b>Location</b>				
Windows	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Blinds and Screens	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Flooring	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Walls	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Ceiling	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Light Fixtures	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Switch Plates	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Outlet Covers	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Furnishings	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Shelving	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
Smoke Detector	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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**Furniture Inventory**

Item	Beginning Condition	Date	Ending Condition	Date
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____
_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____	<input type="checkbox"/> Poor <input type="checkbox"/> Good <input type="checkbox"/> Excellent <input type="checkbox"/> N/A	_____

**Notes:** *If the condition of an item is Poor, please provide a picture and description in the Notes section.*

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