

**APARTMENT CONDITION REPORT**  
**Penn Square Apartments**

ADDRESS \_\_\_\_\_ UNIT \_\_\_\_\_  
TENANT(S) \_\_\_\_\_  
DATE \_\_\_\_\_

Complete and return to Penn Square Apartments. 960 West Third Street, Williamsport, PA 17701 within 10 days of occupancy.

**BEDROOM**

- Walls \_\_\_\_\_
- Floor \_\_\_\_\_
- Windows \_\_\_\_\_
- Outlets \_\_\_\_\_
- Switch Plates \_\_\_\_\_

**LIVING ROOM**

- Walls \_\_\_\_\_
- Floor \_\_\_\_\_
- Windows \_\_\_\_\_
- Outlets \_\_\_\_\_
- Switch Plates \_\_\_\_\_

**BATHROOM**

- Walls \_\_\_\_\_
- Floor \_\_\_\_\_
- Windows \_\_\_\_\_
- Outlets \_\_\_\_\_
- Switch Plates \_\_\_\_\_
- Toilet \_\_\_\_\_
- Sink \_\_\_\_\_
- Shower/ Tub \_\_\_\_\_
- Vanity \_\_\_\_\_

**KITCHEN**

- Walls \_\_\_\_\_
- Floor \_\_\_\_\_
- Windows \_\_\_\_\_
- Outlets \_\_\_\_\_
- Switch Plates \_\_\_\_\_
- Stove \_\_\_\_\_
- Oven \_\_\_\_\_
- Sink \_\_\_\_\_
- Refrigerator \_\_\_\_\_
- Drains \_\_\_\_\_

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

**Report completed by:** \_\_\_\_\_ **Tenant(s) Signature**  
Date: \_\_\_\_\_