OFF-BASE HOUSING CONDITION AND DEPOSITS RECORD

STREET ADDRESS			NAME OF TENANT
APT. NO.	CITY	STATE	DATE INSPECTED IN: OUT:

Letter codes to be used in the Check-In and Check-Out columns to denote current conditions are:

G - GOOD D - DIRTY C - CHIPPED T - TORN B - BURNED I - INOPERATIVE N - NEEDS P - PAINT R - REPAIR

ROOM	ITEM	CHECK-IN				CHECK-OUT				REMARKS
		1 BR	2 BR	3 BR	4 BR	1 BR	2 BR	3 BR	4 BR	
BEDROOMS	CEILINGS									
	WALLS									
	FLOORS									
	WINDOWS, BLINDS/SHADES & DRAPES									
	LIGHT FIXTURES AND OUTLETS									
	CLOSETS AND SHELVES									
	DOORS									

ROOM	ITEM	CHECK IN	CHECK OUT
KITCHEN	CEILING		
	WALLS		
	FLOOR		
	WINDOWS, BLINDS, SHADES & DRAPES		
	LIGHT FIXTURES AND OUTLETS		
	WALL CABINETS		
	BASE CABINETS		
	RANGE		
	REFRIGERATOR		
	HOT WATER HEATER		
	SINK		
	FAN		
	DOORS		
LIVING ROOM	CEILING		
	WALLS		
	FLOOR		
	WINDOWS, BLINDS, SHADES & DRAPES		
	LIGHT FIXTURES AND OUTLETS		
	DOORS		
	FIREPLACE		
	TV LEAD-IN		
EXTERIOR	ROOF (Single and Twin Houses)		
	SIDING		
	STEPS (Front and Rear)		
	WINDOW SCREENS		
	DOOR SCREENS		
	DOOR BELL		
	GROUNDS		
	SHRUBS		
	WALKS		
	CARPORT		
	DRIVEWAY		
	SERVICE YARD		
	TV ANTENNA BRACKETS		

ROOM	ITEM	CHECK IN	CHECK OUT
DINING ROOM	WINDOWS, BLINDS, SHADES & DRAPES		
	FLOOR		
	CEILING		
	WALLS		
	LIGHT FIXTURES AND OUTLETS		
BATHROOM	CEILING		
	WALLS		
	FLOORS		
	WINDOWS, BLINDS, SHADES & CURTAINS		
	LIGHT FIXTURES AND OUTLETS		
	ACCESSORIES, SHOWER ROD		
	TOWEL BARS, SOAP DISHES, ETC.		
	MEDICINE CABINET		
	LAVATORY		
	TUB-SHOWER		
	COMMODE		
	DOOR		
	LINEN CLOSET		
HALL	CEILING		
	WALLS		
	FLOORS		
	CLOSET		
	LIGHT FIXTURES AND OUTLETS		
PORCH	FLOOR		
	CEILING		
	SCREENS		
	DOORS		
	OUTLETS		
	LIGHT		
MISC.	SPACE HEATER		
	FUEL TANK		
	CLOTHES POLE - LINES		
	UTILITY ROOM		
	ATTIC FAN		
	ENTRY WAY		

CHECK-IN

I certify that the above check-in inspection represents a true record of the unit upon initial occupancy. Tenant has paid $_____ for (deposit) (rent paid in advance) that are returnable upon vacating facility in the same condition, fair wear and tear excepted.

SIGNATURE (LANDLORD) DATE

SIGNATURE (TENANT) DATE

CHECK-OUT

I certify that the above check-out inspection represents a true record of the condition of the unit upon vacating. Tenant (will) (has) received $_____ for return of (deposits) (rent paid in advance).

SIGNATURE (LANDLORD) DATE

SIGNATURE (TENANT) DATE

NAVSUPPACT PM-2 0011 (New 7/99)