

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: _____