

**APARTMENT CONDITION ACCEPTANCE**

1701 \_\_\_\_\_ 1725 \_\_\_\_\_ 1100 \_\_\_\_\_ 918 \_\_\_\_\_ 1410 \_\_\_\_\_ 1313 \_\_\_\_\_ 837 \_\_\_\_\_ 1724 \_\_\_\_\_  
 1732 \_\_\_\_\_ 1720 \_\_\_\_\_ 924 \_\_\_\_\_ 817 \_\_\_\_\_ 823 \_\_\_\_\_ 829 \_\_\_\_\_ 1040 \_\_\_\_\_ 1716 \_\_\_\_\_

Lessee(s) agree to sign and return this form to management within 3 days of occupying apartment. If this form is not returned to management on or before this date, lessee agrees to accept management's determination for any and all damage or repair costs as specified in the lease agreement.

Lessee(s) hereby certify the condition of leased apartment and agree to pay for any damages to leased apartment not listed on this form caused directly or indirectly by the lessee(s) or their guests.

Please list any and all items needing cleaning, repair, adjustment and anything you would like done to your apartment to make it satisfactory to you. List only one item per numbered line. If you have nothing to list, write NOTHING on line 1.

The above named residents have inspected this apartment and accept its condition of repair and cleanliness except for the items listed below:

DESCRIPTION OF DAMAGE OR REPAIR REQUIRED	DATE FIXED	REPAIR PERSON
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
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19.		
20.		
21.		

Residents hereby state and verify that he/she has inspected all locks in stated apartment on all doors and windows and found each and every lock in said apartment to be in completely operable and in satisfactory condition.

PRINTED NAMES OF RESIDENTS	SIGNATURES OF RESIDENTS	DATE

Please return this form to: Elmwood Properties, 1420 Rollins Ave. S.E., Minneapolis, MN 55414-2349