



PROPERTY CONDITION CHECKLIST

Owner/Agent Name: Charles B Cosse Estate Date: 07/09/2025
Resident Name(s): Ryan Hacker and Kaitlyn Hacker
Premises Address: 26 01 NE 195th St / Ln C17 City: Shoreline, WA Zip: 98155
Building Name: Canterbury Court Apartments Unit: C17
Lease / Rental Agreement Term Start Date: 08/01/2025 Move-out Date: _____

INSTRUCTIONS

Before Move-In: For each item, include date of installation if possible and other information like serial numbers for major appliances in the first column. In the second column, describe condition at move-in (e.g., "new", "freshly painted, professional cleaned", "minor wear with 5 inch scratch".) If Owner/Agent is collecting a security deposit or applies for WA State Landlord Mitigation Funds, the Resident must sign this form at the time of lease signing, before taking occupancy (RCW 59.18.260).

After Move-Out: Owner/Agent must describe the condition of each item (e.g., "no change", "2 broken window panes" or "extensive damage - see attached photos"). Clean and make repairs then send completed Property Condition Checklist with Deposit Refund Statement to Resident within the period required by RCW 59.18.280.

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
GROUNDS:			
Fences/Gates	N/A		
Landscape	N/A		
Lawn	N/A		
Other	N/A		
ENTRY / HALL / STAIRS:			
Ceiling		good	
Closet		good tiny damage	
Entry Door/Locks		good	
Floor (specify type)		normal wear + tear	
Light Fixtures		original	
Walls (specify paint and wallpaper)		wear and tear	
Window Coverings (specify type)		screwed in	
Windows / Tracks / Screens		clean	
Other			

MOVE-IN SIGN: OWNER/AGENT INITIALS CM RESIDENT INITIALS KEH MOVE-OUT: OWNER/AGENT INITIALS _____



MOVE-IN SIGN: OWNER/AGENT INITIALS *W* RESIDENT INITIALS *W* MOVE-OUT: OWNER/AGENT INITIALS

ITEM	DATE NEW / INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
BATHROOM 1 (SPECIFY ROOM LOCATION):			
Cabinets/Counters		good	
Ceiling		good	
Doors(s)		good	
Exhaust Fan/Heater		fan turns off/on by itself	
Floor (Type)		small tear	
Light Fixtures		original	
Sink/Faucet		original - couple marks	
Toilet		original	
Towel Racks/Accessories		good	
Tub/Shower/Showerhead/Faucet		good	
Walls (specify paint and wallpaper)		good	
Window Coverings (Type)		N/A	
Windows/Tracks/Screens		N/A	

BATHROOM 2 (SPECIFY ROOM LOCATION):			
Cabinets/Counters	N/A		
Ceiling	N/A		
Doors(s)	N/A		
Exhaust Fan/Heater	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Sink/Faucet	N/A		
Toilet	N/A		
Towel Racks/Accessories	N/A		
Tub/Shower/Showerhead/Faucet	N/A		

MOVE-IN SIGN: OWNER/AGENT INITIALS M **RESIDENT INITIALS** ket **MOVE-OUT: OWNER/AGENT INITIALS** _____

ITEM	DATE NEW	INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
BATHROOM 2 (CONTINUED):				
Walls (specify paint and wallpaper)		N/A		
Window Coverings (Type)		N/A		
Windows/Tracks/ Screens		N/A		
BEDROOM 1 (SPECIFY ROOM LOCATION): <u>Master Bedroom</u>				
Ceiling			<u>good - few marks</u>	
Closets/Shelves			<u>small hole</u>	
Door(s)			<u>small hole</u>	
Floor (Type)			<u>wear + tear</u>	
Light Fixtures			<u>original</u>	
Walls (specify paint and wallpaper)			<u>bad paint job</u>	
Window Coverings (Type)			<u>good</u>	
Windows/Tracks/ Screens			<u>good</u>	
Other				
BEDROOM 2 (SPECIFY ROOM LOCATION): <u>Smaller 2nd Bedroom</u>				
Ceiling			<u>good</u>	
Closets/Shelves			<u>dark spots</u>	
Door(s)			<u>good</u>	
Floor (Type)			<u>wear + tear</u>	
Light Fixtures			<u>original</u>	
Walls (specify paint and wallpaper)			<u>good - marks</u>	
Window Coverings (Type)			<u>good</u>	
Windows/Tracks/ Screens			<u>good</u>	
Other				

MOVE-IN SIGN: OWNER/AGENT INITIALS M
 RESIDENT INITIALS KEH
 MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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BEDROOM 3 (SPECIFY ROOM LOCATION):

Ceiling	N/A		
Closets/Shelves	N/A		
Door(s)	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/ Screens	N/A		
Other	N/A		

UTILITY ROOM:

Ceiling			
Closets/Shelves			
Door(s)			
Floor (Type)			
Light Fixtures			
Walls (specify paint and wallpaper)			
Window Coverings (Type)			
Window/Tracks/ Screens			

GARAGE:

Cabinet/Shelves	N/A		
Entry Door/Locks	N/A		
Floor (Type)	N/A		
Garage Door/Locks	N/A		
Light Fixtures	N/A		

MOVE-IN SIGN: OWNER/AGENT INITIALS *M*
RESIDENT INITIALS *Kelt*
MOVE-OUT: OWNER/AGENT INITIALS _____

ITEM	DATE NEW INFO	DETAILED CONDITION AT MOVE-IN	DETAILED CONDITION AT MOVE-OUT
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GARAGE (CONTINUED):

Walls (specify paint and wallpaper)	N/A		
Windows/Tracks Screens	N/A		
Other	N/A		
General:			
Storage Area			
Washer	N/A		
Dryer	N/A		
Water Heater			
	<input type="checkbox"/> Inaccessible	Set to 120°F: <input type="checkbox"/> Yes <input type="checkbox"/> No	Set to 120°F: <input type="checkbox"/> Yes <input type="checkbox"/> No
Smoke Detector(s)		Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No
CO Detector(s)		Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No	Functioning: <input type="checkbox"/> Yes <input type="checkbox"/> No

OTHER ROOM 1 (SPECIFY ROOM TYPE & LOCATION): Dining Area

Ceiling	N/A	<u>good</u>	
Closet/Shelves	N/A	<u>good</u>	
Door(s)	N/A	<u>go</u>	
Floor (Type)	N/A	<u>Coming up at kitchen interconnect</u>	
Light Fixtures	N/A		
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/ Screens	N/A		
Other	N/A		

MOVE-IN SIGN: OWNER/AGENT INITIALS PH **RESIDENT INITIALS** KEH **MOVE-OUT: OWNER/AGENT INITIALS** _____

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OTHER ROOM 2 (SPECIFY ROOM TYPE & LOCATION): _____

Ceiling	N/A		
Closet/Shelves	N/A		
Door(s)	N/A		
Floor (Type)	N/A		
Light Fixtures	N/A		
Walls (specify paint and wallpaper)	N/A		
Window Coverings (Type)	N/A		
Windows/Tracks/ Screens	N/A		
Other	N/A		

INCLUDED FURNITURE, APPLIANCES, ETC. NOT LISTED ELSEWHERE:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MOVE-IN CONDITION ACKNOWLEDGMENT AND SIGNATURES

I/We have inspected the above premises prior to occupancy and accept the unit as habitable with the conditions noted. I/We understand that upon vacating the above unit, charges will be assessed for cleaning required. Repair and replacement costs resulting from resident negligence will also be added.

This checklist is pursuant to Washington State Landlord/Tenant Law, RCW 59.18.260. Both Resident and Owner/Agent should retain a signed copy of the completed Property Condition Checklist with your rental agreement.

Owner/Agent: Charles B Cosse Estate	Signature: <u><i>Charles B Cosse</i></u>	Date: <u>7/9/25</u>
Resident: <u>Kaitlyn Hacker</u>	Signature: <u><i>Kaitlyn Hacker</i></u>	Date: <u>07/09/2025</u>
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____
Resident: _____	Signature: _____	Date: _____

MOVE-OUT ACKNOWLEDGEMENT AND SIGNATURE

I have inspected the above premises after the above listed resident(s) moved out, and observed the conditions noted. Charges will be assessed for cleaning and repair/replacement costs resulting from resident negligence. This form along with the completed Deposit Refund Statement and any remaining deposit funds will be mailed to Resident within the period required by RCW 59.18.280.

Owner/Agent: _____	Signature: _____	Date: _____
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