MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON (NOT FOR CITY OF PORTLAND)
MOVE-IN ACCOUNTING

EQUAL HOUSING OPPORTUNITY

DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____   _____

_____   _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

RENT/CHARGES

PRO-RATE METHOD: ☒ A ☒ B ☒ C (See #1 on page 2 of Rental Agreement)

FIRST RENT PAYMENT   DUE SAMPLE $ SAMPLE

FROM SAMPLE   THRU SAMPLE

SECOND RENT PAYMENT   DUE SAMPLE $ SAMPLE

FROM SAMPLE   THRU SAMPLE

TOTAL RENT DUE AT MOVE-IN $ **SAMPLE**

☒ IF CHECKED, SEE SECOND MONTH'S ACCOUNTING
FOR ADDITIONAL CHARGES / ADJUSTMENTS (FORM # M035)

OTHER MONTHLY CHARGES (PRO-RATED IF PARTIAL MONTH)

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

TOTAL OTHER MONTHLY CHARGES $ **SAMPLE**

SPECIALS / ADJUSTMENTS / HOA MOVE-IN ASSESSMENTS

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

TOTAL SPECIALS / ADJUSTMENTS / HOA ASSESSMENTS $ **SAMPLE**

TOTAL RENT / CHARGES AMOUNT DUE $ **SAMPLE**

PRIOR PAYMENT(S) SAMPLE   – $ SAMPLE

TOTAL CHARGES PAID AT MOVE-IN   – $ SAMPLE

RENT / CHARGES BALANCE DUE $ **SAMPLE**

DEPOSITS

☒ IF CHECKED, DEPOSITS WILL BE HELD BY OWNER

SECURITY DEPOSIT $ SAMPLE

ADDITIONAL DEPOSITS

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

TOTAL ADDITIONAL DEPOSITS $ **SAMPLE**

SPECIALS / ADJUSTMENTS

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

SAMPLE _____ $ SAMPLE

TOTAL SPECIALS / ADJUSTMENTS $ **SAMPLE**

TOTAL DEPOSITS CHARGED $ **SAMPLE**

PRIOR PAYMENT(S) SAMPLE   – $ SAMPLE

DEPOSITS PAID AT MOVE-IN – $ SAMPLE

BALANCE OF DEPOSITS DUE $ **SAMPLE**

TOTALS

TOTAL RENT / CHARGES + DEPOSITS CHARGED $ **SAMPLE**

TOTAL PAID $ SAMPLE

REMAINING BALANCE DUE $ **SAMPLE** *

*SEE INSTALLMENT PAYMENT AGREEMENT OR RENTAL AGREEMENT SPECIAL PROVISIONS
IF BALANCE DUE

☒ LEASE TERM BEGINNING SAMPLE   AND ENDING SAMPLE

☒ MONTH-TO-MONTH BEGINNING SAMPLE

NOTES: SAMPLE _____

X SAMPLE _____   SAMPLE _____
RESIDENT   DATE

X SAMPLE _____   SAMPLE _____
RESIDENT   DATE

X SAMPLE _____   SAMPLE _____
RESIDENT   DATE

X SAMPLE _____   SAMPLE _____
RESIDENT   DATE

X SAMPLE _____   SAMPLE _____
RESIDENT   DATE

X SAMPLE _____   SAMPLE _____
OWNER/AGENT   DATE

☐ ON SITE   ☐ RESIDENT   ☐ MAIN OFFICE (IF REQUIRED)