



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER \_\_\_\_\_

RESIDENT NAME(S) \_\_\_\_\_

UNIT NUMBER \_\_\_\_\_ STREET ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

# OF BEDROOMS      **SAMPLE** # OF BATHROOMS      **SAMPLE**

**Circle one item on each line. A = Acceptable \* = Issue noted on page 2 NA = Not applicable**

LIVING ROOM / ENTRY		IN	OUT	PRIMARY BEDROOM		IN	OUT	PRIMARY BATHROOM		IN	OUT	
1. WALLS / CEILINGS	A * NA	A * NA	A * NA	31. WALLS / CEILINGS	A * NA	A * NA	A * NA	58. WALLS / CEILINGS	A * NA	A * NA	A * NA	
2. FLOORING	A * NA	A * NA	A * NA	32. FLOORING	A * NA	A * NA	A * NA	59. FLOORING	A * NA	A * NA	A * NA	
3. DOORS / KNOBS / LOCKS	A * NA	A * NA	A * NA	33. DOORS / KNOBS / LOCKS	A * NA	A * NA	A * NA	60. DOORS / KNOBS / LOCKS	A * NA	A * NA	A * NA	
4. SLIDING DOOR	A * NA	A * NA	A * NA	34. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	61. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	
5. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	35. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	62. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	
6. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	36. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	63. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	
7. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	37. SINK / VANITY	A * NA	A * NA	A * NA	64. COUNTERTOPS	A * NA	A * NA	A * NA	
8. FIREPLACE	A * NA	A * NA	A * NA	38. OTHER	A * NA	A * NA	A * NA	65. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA	A * NA	
9. OTHER	A * NA	A * NA	A * NA					66. TOILET	A * NA	A * NA	A * NA	
KITCHEN / DINING ROOM		IN	OUT	BEDROOM 2		IN	OUT	BATHROOM 2		IN	OUT	
10. WALLS / CEILINGS	A * NA	A * NA	A * NA	39. WALLS / CEILINGS	A * NA	A * NA	A * NA	71. WALLS / CEILINGS	A * NA	A * NA	A * NA	
11. FLOORING	A * NA	A * NA	A * NA	40. FLOORING	A * NA	A * NA	A * NA	72. FLOORING	A * NA	A * NA	A * NA	
12. SLIDING DOOR	A * NA	A * NA	A * NA	41. DOORS / KNOBS / LOCKS	A * NA	A * NA	A * NA	73. DOORS / KNOBS / LOCKS	A * NA	A * NA	A * NA	
13. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	42. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	74. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	
14. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	43. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	75. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	
15. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	44. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	76. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	
16. CABINETS	A * NA	A * NA	A * NA	45. OTHER	A * NA	A * NA	A * NA	77. COUNTERTOPS	A * NA	A * NA	A * NA	
17. COUNTERTOPS	A * NA	A * NA	A * NA					78. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA	A * NA	
18. SINK / FAUCET / DISPOSAL	A * NA	A * NA	A * NA	BEDROOM 3		IN	OUT	79. TOILET	A * NA	A * NA	A * NA	
19. RANGE / STOVE / HOOD / FAN	A * NA	A * NA	A * NA	46. WALLS / CEILINGS	A * NA	A * NA	A * NA	80. SHOWER / TUB / SURROUND	A * NA	A * NA	A * NA	
20. REFRIGERATOR	A * NA	A * NA	A * NA	47. FLOORING	A * NA	A * NA	A * NA	81. TOWEL BARS / SHOWER ROD	A * NA	A * NA	A * NA	
21. DISHWASHER	A * NA	A * NA	A * NA	48. DOORS / KNOBS / LOCKS	A * NA	A * NA	A * NA	82. FAN	A * NA	A * NA	A * NA	
22. MICROWAVE	A * NA	A * NA	A * NA	49. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	A * NA	83. OTHER	A * NA	A * NA	A * NA	
23. OTHER	A * NA	A * NA	A * NA	50. LIGHT FIXTURES / BULBS	A * NA	A * NA	A * NA	KEYS		SAMPLE	IN	OUT
				51. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	A * NA	84. # OF HOUSE KEYS	SAMPLE	_____	_____	_____
				52. OTHER	A * NA	A * NA	A * NA	85. # OF MAILBOX KEYS	SAMPLE	_____	_____	_____
				ESSENTIAL SERVICES		IN	OUT	86. # OF FACILITIES KEYS	SAMPLE	_____	_____	_____
				53. PLUMBING	A * NA	A * NA	A * NA	87. # OF KEY CARDS	SAMPLE	_____	_____	_____
				54. HEATING	A * NA	A * NA	A * NA	88. # OF SAMPLE	SAMPLE	_____	_____	_____
				55. ELECTRICITY	A * NA	A * NA	A * NA					
				56. WATER HEATER	A * NA	A * NA	A * NA					
				57. GAS	A * NA	A * NA	A * NA					

Any appliances or other items, such as dishwasher, microwave, window coverings, etc., on the Premises at time of move-in, or later installed by Owner/Agent, are property of Owner/Agent and shall remain on the Premises upon move-out.

The smoke alarm(s) has been tested and works to my satisfaction. I have received instructions on the proper use of the smoke alarm(s). The carbon monoxide alarm(s), if present, has been tested and works to my satisfaction. I have received instructions on the proper use of the carbon monoxide alarm(s).

X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT RESIDENT

X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT RESIDENT

MOVE-IN INSPECTION

**INSTRUCTIONS TO RESIDENT:** At the time of move-out you will be held liable for any unusual wear and tear and damage unless it has been listed in this section. Please carefully inspect the condition of the unit. You may supplement any information on this form for up to 5 days after move-in by contacting Owner/Agent.

\*List item numbers where the "\*" issue noted on page 1 is circled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(HUD Units: The unit is in decent, safe and sanitary condition. Any necessary cleaning or repairs will be completed by       SAMPLE       (no more than 30 days after effective date of lease.)  
DATE

I accept this unit in clean condition and good repair except as noted on page 1 and above.

X \_\_\_\_\_ X \_\_\_\_\_  
RESIDENT DATE RESIDENT DATE

X \_\_\_\_\_ X \_\_\_\_\_  
RESIDENT DATE RESIDENT DATE

Owner/Agent Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_  
OWNER/AGENT DATE

MOVE-OUT INSPECTION

**SUMMARY OF CONDITION AT MOVE-OUT.** \*List item numbers where the "\*" issue noted on page 1 is circled:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHOTOS INCLUDED (Not applicable for all move-outs.) Inspection completed by: \_\_\_\_\_

Owner/Agent does not waive its right to bill for additional damages not shown herein or costs which are finalized after the final accounting is sent.

I left the unit in the above condition. I agree that all personal property left at the Premises upon termination of the tenancy shall be considered abandoned and that Owner/Agent may sell or dispose of the personal property without complying with the provisions of O.R.S. 90.425.

X \_\_\_\_\_ X \_\_\_\_\_  
RESIDENT DATE RESIDENT DATE

X \_\_\_\_\_ X \_\_\_\_\_  
RESIDENT DATE RESIDENT DATE

X \_\_\_\_\_  
OWNER/AGENT DATE