



OREGON MOVE-IN & OUT INSPECTION

(IF IN CITY OF PORTLAND AND TAKING SECURITY DEPOSIT, USE FORMS M524 AND M526)



DATE	PROPER	RTY NAME	/ NUMBER					
RESIDENT NAME(S)								
UNIT NUMBER	S1	TREET ADI	DRESS					
CITY				STA	ATE	ZIP		
# OF BEDROOMS SAM	1PLE	# OF BAT	THROOMS SAMPLE					
Circle one item on each l		A = Accep		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	31. WALLS / CEILINGS	A * NA	A * NA	58. WALLS / CEILINGS	A * NA	A * NA
2. FLOORING	A * NA	A * NA	32. FLOORING	A * NA	A * NA	59. FLOORING	A * NA	A * NA
3. DOORS / KNOBS / LOCKS	A * NA	A * NA	33. DOORS / KNOBS / LOCKS	A * NA	A * NA	60. DOORS / KNOBS / LOCKS	A * NA	A * NA
4. SLIDING DOOR	A * NA	A * NA	34. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	61. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
5. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	35. LIGHT FIXTURES / BULBS	A * NA	A * NA	62. LIGHT FIXTURES / BULBS	A * NA	A * NA
6. LIGHT FIXTURES / BULBS	A * NA	A * NA	36. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	63. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
7. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	37. SINK / VANITY	A * NA	A * NA	64. COUNTERTOPS	A * NA	A * NA
8. FIREPLACE	A * NA	A * NA	38. OTHER	A * NA	A * NA	65. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
9. OTHER	A * NA	A * NA				66. TOILET	A * NA	A * NA
			BEDROOM 2	IN	OUT	67. SHOWER / TUB / SURROUND	A * NA	A * NA
KITCHEN / DINING ROOM	IN	OUT	39. WALLS / CEILINGS	A * NA	A * NA	68. TOWEL BARS / SHOWER ROD	A * NA	A * NA
10. WALLS / CEILINGS	A * NA	A * NA	40. FLOORING	A * NA	A * NA	69. FAN	A * NA	A * NA
11. FLOORING	A * NA	A * NA	41. DOORS / KNOBS / LOCKS	A * NA	A * NA	70. OTHER_	A * NA	A * NA
12. SLIDING DOOR	A * NA	A * NA	42. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA			
13. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	43. LIGHT FIXTURES / BULBS	A * NA	A * NA	BATHROOM 2	IN	OUT
14. LIGHT FIXTURES / BULBS	A * NA	A * NA	44. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	71. WALLS / CEILINGS	A * NA	A * NA
15. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	45. OTHER	A * NA	A * NA	72. FLOORING	A * NA	A * NA
16. CABINETS	A * NA	A * NA	BEDROOM 3	IN	OUT	73. DOORS / KNOBS / LOCKS	A * NA	A * NA
17. COUNTERTOPS	A * NA	A * NA	46. WALLS / CEILINGS	A * NA	A * NA	74. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
18. SINK / FAUCET / DISPOSAL	A * NA	A * NA	47. FLOORING	A * NA	A * NA	75. LIGHT FIXTURES / BULBS	A * NA	A * NA
19. RANGE / STOVE / HOOD / FAN	A * NA	A * NA	48. DOORS / KNOBS / LOCKS	A * NA	A * NA	76. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
20. REFRIGERATOR	A * NA	A * NA	49. WINDOWS / SCREENS / COVERINGS		A * NA	77. COUNTERTOPS	A * NA	A * NA
21. DISHWASHER	A * NA	A * NA	50. LIGHT FIXTURES / BULBS	A * NA	A * NA	78. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
22. MICROWAVE	A * NA	A * NA	51. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	79. TOILET	A * NA	A * NA
23. OTHER	A * NA	A * NA	52. OTHER	A * NA	A * NA	80. SHOWER / TUB / SURROUND	A * NA	A * NA
STORAGE / OTHER	IN	OUT	JZ. OTTIEN	A A INA	A * 1VA	81. TOWEL BARS / SHOWER ROD	A * NA	A * NA
24. DOORS / KNOBS / LOCKS	A * NA	A * NA	ESSENTIAL SERVICES	IN	OUT	82. FAN	A * NA	A * NA
25. LIGHT FIXTURES / BULBS	A * NA	A * NA	53. PLUMBING	A * NA	A * NA	83. OTHER	A * NA	A * NA
26. ELECTRIC OUTLETS / SWITCHES			54. HEATING	A * NA	A * NA	KEYS SAMPLE SAMPLE	IN	OUT
27. WASHER (SERIAL #)	A * NA A * NA	A * NA A * NA	55. ELECTRICITY	A * NA	A * NA	84. # OF HOUSE KEYS	IN SAMPLE	501
28. DRYER (SERIAL #)	A * NA	A * NA	56. WATER HEATER	A * NA	A * NA	85. # OF MAILBOX KEYS	SAMPLE	
28. DRYER (SEHIAL#) 29. DECK / PATIO	A * NA	A * NA	57. GAS	A * NA	A * NA	86. # OF FACILITIES KEYS	SAMPLE	
30. OTHER	A * NA	A * NA				86. # OF FACILITIES KEYS 87. # OF KEY CARDS	SAMPLE	
30. UTHER	A * NA	A * NA				88. # OF SAMPLE	SAMPLE	
			her, microwave, window cove					stalled by
			hall remain on the Premises u	•				
nonoxide alarm(s), if present,			o my satisfaction. I have receind works to my satisfaction. I					
arm(s).								
Χ			X					
RESIDENT				RESIDENT			DATE	
X			X					
RESIDENT			DATE	RESIDENT			DATE	

INSTRUCTIONS TO RESIDENT: At the time of move-out you will be held liable for any unusual wear and star and damage unless it has bee tested 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-the by conducting Owner/Agent. **List item numbers where the ** issue noted on page 1 is orcled:** (HUD Units: The unit is in decent, sate and sanitary grandation why necessary cleaning or repairs will be completed by SAMPLE (no more saver as the saver of this unit in clean condition and cood repair except as noted an page 1 and above. **X **RESIDENT** DATE **SUMMARY OF CONDITION AT MOVE-OUT. **Ust Item numbers where the ** issue noted on page 1 is circled:** **X **OWNETNACENT** DATE **SUMMARY OF CONDITION AT MOVE-OUT. **Ust Item numbers where the ** issue noted on page 1 is circled:** **X **OWNETNACENT** DATE **SUMMARY OF CONDITION AT MOVE-OUT. **Ust Item numbers where the ** issue noted on page 1 is circled:** **X **OWNETNACENT** DATE **SUMMARY OF CONDITION AT MOVE-OUT. **Ust Item numbers where the ** issue noted on page 1 is circled:** **X **OWNETNACENT** DATE **SUMMARY OF CONDITION AT MOVE-OUT. **Ust Item numbers where the ** issue noted on page 1 is circled:** **X **OWNETNACENT** DATE **X **PRISIDENT** DATE **X **RESIDENT** DATE **X **RESIDENT** DATE **X **RESIDENT** DATE **X **RESIDENT** DATE	SIDENT NAME(S)	UNIT NUMBER_	
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