209(02/1

DATE: ____

TENANT N/

209(02/15) DATE: TENANT NAME(S):	CONDI		ORT	
RENTAL ADDRESS:				UNIT# .
CITY:			STATE:	
G= GREAT	A= ACCEPTABLE	F= FAIR P=	POOR NA= I	NOT APPLICABLE
Doors/Woodwork -Knobs/Locks Electrical Outlets/Switches Garbage/Recycling Can (s) Floors -Carpet/Rugs -Wood/Vinyl	Other		Electricit Heating Hot Wate Plumbing Smoke/C Other BATHRC	arbon MO Detector

Other L IVING ROOM Fire Place/Equipment	IN	OUT	Law	ubs		_	Towel Bar(s) Tub/Shower -Shower Rod Other	
(BED) ROOMS/BASEMENT Room Name/Number Ceilings/Walls Doors/Woodwork -Knobs/Locks Electrical Outlets/Switches Floor -Carpet/Rugs -Wood/Vinyl Light Fixtures/Bulbs Windows/Screens -Blinds/Window Coverings -Rods		OUT			OUT	OUT	BATHROOM#2 Mirror/Medicine Cabinet Paper Holder Sink/Vanity Soap Dish Toilet Towel Bar (s) Tub/Shower -Shower Rod Other	 OUT

Notes on Move-In Condition: _

I accept the unit in the above condition. Tenant has 7 days to amend in writing and present to Landlord for signature:

Х		x	
Name	Date	Name	Date
X		X	
Name	Date	Name	Date
Notes on Move-Out Condition:			
I left the unit in the above condition.			
X		Х	
Name	Date	Name	Date
Х		X	
Name	Date	Name	Date
Forwarding Address (es):			

I agree that all personal property left on the premises may be sold or disposed of by the Landlord without complying with the requirements of ORS 90.425(1) to (25) and (27).

x		Х		Х	
Landlord/Owner/Agent	Date	Tenant	Date	Tenant	Date
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Permission of the Oregon Apartment Association Inc. © Copyright 2010 Ver. 2, 05/2011		Tenant	Date	Tenant	Date

OUT

OUT