

MOVE IN & OUT CONDITION REPORT



DATE: ___ - ___ - ___

TENANT NAME(S): _____

RENTAL ADDRESS: _____ UNIT# _____

CITY: _____ STATE: _____ ZIP: _____

G= GREAT A= ACCEPTABLE F= FAIR P= POOR NA= NOT APPLICABLE

GENERAL ITEMS		IN	OUT	KITCHEN		IN	OUT	ESSENTIAL SERVICES		IN	OUT	
Cable/TV Antenna/Dish	_____	_____	_____	Counter Tops	_____	_____	_____	Electricity	_____	_____	_____	
Ceilings/Walls	_____	_____	_____	Cupboards	_____	_____	_____	Heating	_____	_____	_____	
Doors/Woodwork	_____	_____	_____	Disposal	_____	_____	_____	Hot Water	_____	_____	_____	
-Knobs/Locks	_____	_____	_____	Dishwasher	_____	_____	_____	Plumbing	_____	_____	_____	
Electrical Outlets/Switches	_____	_____	_____	Refrigerator	_____	_____	_____	Smoke/Carbon MO Detector	_____	_____	_____	
Garbage/Recycling Can(s)	_____	_____	_____	-Ice Trays (#) _____	_____	_____	_____	Other _____	_____	_____	_____	
Floors	_____	_____	_____	-Shelves/Drawers	_____	_____	_____					
-Carpet/Rugs	_____	_____	_____	Sink	_____	_____	_____	BATHROOM		IN	OUT	
-Wood/Vinyl	_____	_____	_____	Stove	_____	_____	_____	Mirror/Medicine Cabinet	_____	_____	_____	
Light Fixtures/Bulbs	_____	_____	_____	-Broiler Pan/Racks (#) _____	_____	_____	_____	Paper Holder	_____	_____	_____	
Windows/Screens	_____	_____	_____	Other _____	_____	_____	_____	Sink/Vanity	_____	_____	_____	
-Blinds/Window Coverings	_____	_____	_____					Soap Dish	_____	_____	_____	
-Rods	_____	_____	_____	GARAGE/STORAGE/YARD		IN	OUT	Toilet	_____	_____	_____	
Other _____	_____	_____	_____	Doors/Locks	_____	_____	_____	Towel Bar(s)	_____	_____	_____	
				Lawn	_____	_____	_____	Tub/Shower	_____	_____	_____	
LIVING ROOM	IN	OUT		Shrubs	_____	_____	_____	-Shower Rod	_____	_____	_____	
Fire Place/Equipment	_____	_____		Other _____	_____	_____	_____	Other _____	_____	_____	_____	
(BED) ROOMS/BASEMENT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	BATHROOM#2		IN	OUT
Room Name/Number	_____	_____	_____	_____	_____	_____	_____	_____	Mirror/Medicine Cabinet	_____	_____	_____
Ceilings/Walls	_____	_____	_____	_____	_____	_____	_____	_____	Paper Holder	_____	_____	_____
Doors/Woodwork	_____	_____	_____	_____	_____	_____	_____	_____	Sink/Vanity	_____	_____	_____
-Knobs/Locks	_____	_____	_____	_____	_____	_____	_____	_____	Soap Dish	_____	_____	_____
Electrical Outlets/Switches	_____	_____	_____	_____	_____	_____	_____	_____	Toilet	_____	_____	_____
Floor	_____	_____	_____	_____	_____	_____	_____	_____	Towel Bar(s)	_____	_____	_____
-Carpet/Rugs	_____	_____	_____	_____	_____	_____	_____	_____	Tub/Shower	_____	_____	_____
-Wood/Vinyl	_____	_____	_____	_____	_____	_____	_____	_____	-Shower Rod	_____	_____	_____
Light Fixtures/Bulbs	_____	_____	_____	_____	_____	_____	_____	_____	Other _____	_____	_____	_____
Windows/Screens	_____	_____	_____	_____	_____	_____	_____	_____				
-Blinds/Window Coverings	_____	_____	_____	_____	_____	_____	_____	_____	KEYS	(#) _____	Issued at Move-in	
-Rods	_____	_____	_____	_____	_____	_____	_____	_____		(#) _____	Returned at Move-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:

X
Name _____ Date _____

X
Name _____ Date _____

X
Name _____ Date _____

X
Name _____ Date _____

Notes on Move-Out Condition: _____

I left the unit in the above condition.

X
Name _____ Date _____

X
Name _____ Date _____

X
Name _____ Date _____

X
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 _____ X _____ X _____
Landlord/Owner/Agent Date Tenant Date Tenant Date

X _____ X _____
Tenant Date Tenant Date

