

# 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	_____	_____	_____	<b>BATHROOM</b>		<b>IN</b>	<b>OUT</b>	
-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	_____	_____	_____	<b>GARAGE/STORAGE/YARD</b>		<b>IN</b>	<b>OUT</b>	Toilet	_____	_____	_____	
Other _____	_____	_____	_____	Doors/Locks	_____	_____	_____	Towel Bar(s)	_____	_____	_____	
				Lawn	_____	_____	_____	Tub/Shower	_____	_____	_____	
<b>LIVING ROOM</b>	<b>IN</b>	<b>OUT</b>		Shrubs	_____	_____	_____	-Shower Rod	_____	_____	_____	
Fire Place/Equipment	_____	_____		Other _____	_____	_____	_____	Other _____	_____	_____	_____	
<b>(BED) ROOMS/BASEMENT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>IN</b>	<b>OUT</b>	<b>BATHROOM#2</b>		<b>IN</b>	<b>OUT</b>
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	_____	_____	_____	_____	_____	_____	_____	_____	<b>KEYS</b>	(#) _____ 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

