209 (02/15)

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
Cable/TV Antenna/Dish		
Ceilings/Walls		
Doors/Woodwork		
-Knobs/Locks		
Electrical Outlets/Switches		
Garbage/Recycling Can(s)		
Floors		
-Carpet/Rugs		
-Wood/Vinyl		
Light Fixtures/Bulbs		
Windows/Screens		
-Blinds/Window Coverings		
-Rods		
Other_____		

LIVING ROOM	IN	OUT
Fire Place/Equipment		

KITCHEN	IN	OUT
Counter Tops		
Cupboards		
Disposal		
Dishwasher		
Refrigerator		
-Ice Trays (#)___		
-Shelves/Drawers		
Sink		
Stove		
-Broiler Pan/Racks (#)___		
Other_____		

GARAGE/STORAGE/YARD	IN	OUT
Doors/Locks		
Lawn		
Shrubs		
Other_____		

ESSENTIAL SERVICES	IN	OUT
Electricity		
Heating		
Hot Water		
Plumbing		
Smoke/Carbon MO Detector		
Other_____		

BATHROOM	IN	OUT
Mirror/Medicine Cabinet		
Paper Holder		
Sink/Vanity		
Soap Dish		
Toilet		
Towel Bar(s)		
Tub/Shower		
-Shower Rod		
Other_____		

(BED) ROOMS/BASEMENT	IN	OUT	IN	OUT	IN	OUT	IN	OUT
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								

BATHROOM#2	IN	OUT
Mirror/Medicine Cabinet		
Paper Holder		
Sink/Vanity		
Soap Dish		
Toilet		
Towel Bar(s)		
Tub/Shower		
-Shower Rod		
Other_____		

KEYS (#)_____ Issued at Move-in
(#)_____ 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 _____ Landlord/Owner/Agent _____ Date

X _____ Tenant _____ Date

X _____ Tenant _____ Date

X _____ Tenant _____ Date

X _____ Tenant _____ Date

EQUAL HOUSING OPPORTUNITY

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