

CHECK-IN/CHECK-OUT CONDITION REPORT

TENANT(S): _____
 ADDRESS: _____ UNIT: _____
 CITY: _____ STATE: _____ ZIP: _____

Rating Scale = (E)Excellent (VG) Very Good (G)Good (F)Fair (P)Poor								
	IN	Out		In	Out		In	Out
LIVING AREAS			KITCHEN			BEDROOM 3		
Walls			Walls			Walls		
Windows			Stove/Racks			Windows		
Blinds/Drapes			Refrigerator			Blinds/Drapes		
Rods			Ice Trays			Rods		
Floor			Shelves/Drawer			Floor		
Carpet/Vinyl/Wood			Disposal			Light Fixtures		
Light Fixtures			Dishwasher			Doors/Woodwork		
Doors/Woodwork			Counter Tops			Locks		
Locks			Cabinets			Ceilings		
Ceilings			Sink			Electric Outlets		
Electrical Outlets			Floor					
Garbage Cans			Windows					
TV Antenna/Cable			Blinds/Drapes			BATH ROOM		
Fireplace						Towel Bars		
Cleanliness						Sink & Vanity		
						Toilet		
BEDROOM 1			BEDROOM 2			Tub/Shower		
Walls			Walls			Fan (Exhaust)		
Windows			Windows			Floor		
Blinds/Drapes			Blinds/Drapes			Electric Outlets		
Rods			Rods			Light Fixtures		
Floor			Floor					
Light Fixtures			Light Fixtures			Essential Services		
Doors/Woodwork			Doors/Woodwork			Plumbing		
Locks			Locks			Heating		
Ceilings			Ceilings			Electricity		
Electrical Outlets			Electric Outlets			Hot Water		
						Smoke Detectors		

Description of Damage:

I accept this unit in the above condition:

Tenant _____ Date _____

Tenant _____ Date _____

Landlord _____ Date _____

I left this unit in the above condition:

Tenant _____ Date _____

Tenant _____ Date _____

Landlord _____ Date _____

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).

Tenant _____ Date _____

Tenant _____ Date _____

Forwarding Address:

Landlord _____ Date _____