



MOVE-IN DATE SAMPLE PROPERTY NAME / NUMBER _____
 RESIDENT NAME(S) _____

 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 # OF BEDROOMS SAMPLE # OF BATHROOMS SAMPLE
 DATE DUE TO OWNER/AGENT _____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
LIVING ROOM/ENTRY				
1 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
13 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
14 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
15 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
16 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
17 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
18 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
19 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
20 Fireplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
21 Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
22 Window Unit Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
23 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
24 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
25 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
KITCHEN/DINING ROOM				
26 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
27 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
28 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
29 Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
30 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
31 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
KITCHEN/DINING ROOM (CONTINUED)				
32	Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Cabinetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Cabinetry/Drawer Pulls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Backsplash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46	Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Garbage Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Oven/Stove	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Drip Pans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50	Hood Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Window Unit Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STORAGE/OTHER <input type="checkbox"/> N/A				
58	Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62	Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63	Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64	Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65	Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66	Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67	Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68	Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69	Washer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70	Dryer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71	Deck / Patio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72	Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73	Window Unit Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
STORAGE/OTHER (CONTINUED)				
74 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
75 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
76 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
PRIMARY BEDROOM <input type="checkbox"/> N/A				
77 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
78 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
79 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
80 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
81 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
82 Closet Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
83 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
84 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
85 Sliding Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
86 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
87 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
88 Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
89 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
90 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
91 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
92 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
93 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
94 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
95 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
96 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
97 Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
98 Window Unit Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
99 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
100 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
101 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
BEDROOM 2 <input type="checkbox"/> N/A				
102 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
103 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
104 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
105 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
106 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
107 Closet Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
108 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
109 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
110 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
111 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
112 Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
113 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BEDROOM 2 (CONTINUED)				
114 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
115 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
116 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
117 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
118 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
119 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
120 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
121 Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
122 Window Unit Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
123 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BEDROOM 3 <input type="checkbox"/> N/A				
124 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
125 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
126 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
127 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
128 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
129 Closet Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
130 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
131 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
132 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
133 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
134 Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
135 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
136 Ceiling Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
137 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
138 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
139 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
140 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
141 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
142 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
143 Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
144 Window Unit Air Conditioner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
145 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
146 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ESSENTIAL SERVICES				
147 Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
148 Heating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
149 Electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
150 Water Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
151 Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BATHROOM 1 <input type="checkbox"/> N/A				
152 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
153 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
154 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
155 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
156 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
157 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
158 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
159 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
160 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
161 Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
162 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
163 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
164 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
165 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
166 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
167 Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
168 Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
169 Cabinetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
170 Cabinetry/Drawer Pulls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
171 Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
172 Mirror/Med Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
173 Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
174 Toilet Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
175 Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
176 Shower/Tub Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
177 Showerhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
178 Tub Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
179 Towel Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
180 Toilet Paper Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
181 Shower Rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
182 Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
183 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
184 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
185 Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
186 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
187 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
188 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
189 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
BATHROOM 2 <input type="checkbox"/> N/A				
190 Walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
191 Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
192 Floor Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
193 Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT- ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BATHROOM 2 (CONTINUED)				
194 Door Frames	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
195 Knobs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
196 Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
197 Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
198 Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
199 Curtain Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
200 Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
201 Bulbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
202 Electric Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
203 Switches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
204 Outlet/Switch Covers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
205 Sink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
206 Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
207 Hooks and Rods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
208 Cabinetry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
209 Cabinetry/Drawer Pulls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
210 Countertops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
211 Mirror/Med Cabinet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
212 Toilet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
213 Toilet Seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
214 Shower/Tub	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
215 Shower/Tub Surround	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
216 Showerhead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
217 Tub Faucet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
218 Towel Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
219 Toilet Paper Holder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
220 Shower Rod	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
221 Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
222 Heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
223 Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
224 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
225 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
226 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
227 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

INSTRUCTIONS TO RESIDENT: At the time of move-out you will be held liable for any unusual wear and tear and damage unless it has been listed in this section. Please carefully inspect the condition of the unit. You may supplement any information on this form for up to 5 days after move-in by contacting Owner/Agent.

ADDITIONAL NOTES/COMMENTS

ADDITIONAL NOTES/COMMENTS (CONTINUED)

RESIDENT:

(HUD Units: The unit is in decent, safe and sanitary condition. Any necessary cleaning or repairs will be completed by SAMPLE (no more than 30 days after effective date of lease).)

SAMPLE

I accept this unit in clean condition and good repair except as noted above.

X _____
RESIDENT DATE

X _____
RESIDENT DATE

X _____
RESIDENT DATE

X _____
RESIDENT DATE

X _____
RESIDENT DATE

X _____
RESIDENT DATE

OWNER/AGENT:

☐ Owner/Agent accepts and agrees with the conditions noted above.

X _____
OWNER/AGENT DATE



MULTIFAMILY NW
The Association Promoting Quality Rental Housing

CITY OF PORTLAND, OREGON
**UNIT CONDITION REPORT
ADDENDUM**



DATE _____ PROPERTY NAME / NUMBER _____
RESIDENT NAME(S) _____
UNIT NUMBER _____ STREET ADDRESS _____
CITY _____ STATE _____ ZIP _____

Resident(s) dispute the following items in the Unit Condition Report:

This Addendum was provided by the Resident to the Owner/Landlord on the _____ day of _____, 20____.

X _____
RESIDENT _____ DATE _____

X _____
RESIDENT _____ DATE _____

X _____
RESIDENT _____ DATE _____

X _____
RESIDENT _____ DATE _____

X _____
RESIDENT _____ DATE _____

X _____
RESIDENT _____ DATE _____