



DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

OF BEDROOMS **SAMPLE** # OF BATHROOMS **SAMPLE**

Circle one item on each line. A = Acceptable * = Issue noted on page 2 NA = Not applicable

LIVING ROOM / ENTRY			PRIMARY BEDROOM			PRIMARY BATHROOM		
	IN	OUT		IN	OUT		IN	OUT
1. WALLS / CEILINGS	A * NA	A * NA	31. WALLS / CEILINGS	A * NA	A * NA	58. WALLS / CEILINGS	A * NA	A * NA
2. FLOORING	A * NA	A * NA	32. FLOORING	A * NA	A * NA	59. FLOORING	A * NA	A * NA
3. DOORS / KNOBS / LOCKS	A * NA	A * NA	33. DOORS / KNOBS / LOCKS	A * NA	A * NA	60. DOORS / KNOBS / LOCKS	A * NA	A * NA
4. SLIDING DOOR	A * NA	A * NA	34. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	61. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
5. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	35. LIGHT FIXTURES / BULBS	A * NA	A * NA	62. LIGHT FIXTURES / BULBS	A * NA	A * NA
6. LIGHT FIXTURES / BULBS	A * NA	A * NA	36. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	63. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
7. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	37. SINK / VANITY	A * NA	A * NA	64. COUNTERTOPS	A * NA	A * NA
8. FIREPLACE	A * NA	A * NA	38. OTHER	A * NA	A * NA	65. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
9. OTHER	A * NA	A * NA				66. TOILET	A * NA	A * NA
KITCHEN / DINING ROOM			BEDROOM 2			BATHROOM 2		
	IN	OUT		IN	OUT		IN	OUT
10. WALLS / CEILINGS	A * NA	A * NA	39. WALLS / CEILINGS	A * NA	A * NA	71. WALLS / CEILINGS	A * NA	A * NA
11. FLOORING	A * NA	A * NA	40. FLOORING	A * NA	A * NA	72. FLOORING	A * NA	A * NA
12. SLIDING DOOR	A * NA	A * NA	41. DOORS / KNOBS / LOCKS	A * NA	A * NA	73. DOORS / KNOBS / LOCKS	A * NA	A * NA
13. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	42. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	74. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
14. LIGHT FIXTURES / BULBS	A * NA	A * NA	43. LIGHT FIXTURES / BULBS	A * NA	A * NA	75. LIGHT FIXTURES / BULBS	A * NA	A * NA
15. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	44. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	76. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
16. CABINETS	A * NA	A * NA	45. OTHER	A * NA	A * NA	77. COUNTERTOPS	A * NA	A * NA
17. COUNTERTOPS	A * NA	A * NA				78. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
18. SINK / FAUCET / DISPOSAL	A * NA	A * NA	BEDROOM 3			79. TOILET	A * NA	A * NA
19. RANGE / STOVE / HOOD / FAN	A * NA	A * NA		IN	OUT	80. SHOWER / TUB / SURROUND	A * NA	A * NA
20. REFRIGERATOR	A * NA	A * NA	46. WALLS / CEILINGS	A * NA	A * NA	81. TOWEL BARS / SHOWER ROD	A * NA	A * NA
21. DISHWASHER	A * NA	A * NA	47. FLOORING	A * NA	A * NA	82. FAN	A * NA	A * NA
22. MICROWAVE	A * NA	A * NA	48. DOORS / KNOBS / LOCKS	A * NA	A * NA	83. OTHER	A * NA	A * NA
23. OTHER	A * NA	A * NA	49. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA			
			50. LIGHT FIXTURES / BULBS	A * NA	A * NA	KEYS		
			51. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	84. # OF HOUSE KEYS	IN	OUT
			52. OTHER	A * NA	A * NA	85. # OF MAILBOX KEYS	SAMPLE	_____
			ESSENTIAL SERVICES			86. # OF FACILITIES KEYS	SAMPLE	_____
				IN	OUT	87. # OF KEY CARDS	SAMPLE	_____
			53. PLUMBING	A * NA	A * NA	88. # OF SAMPLE	SAMPLE	_____
			54. HEATING	A * NA	A * NA			
			55. ELECTRICITY	A * NA	A * NA			
			56. WATER HEATER	A * NA	A * NA			
			57. GAS	A * NA	A * NA			

Any appliances or other items, such as dishwasher, microwave, window coverings, etc., on the Premises at time of move-in, or later installed by Owner/Agent, are property of Owner/Agent and shall remain on the Premises upon move-out.

The smoke alarm(s) has been tested and works to my satisfaction. I have received instructions on the proper use of the smoke alarm(s). The carbon monoxide alarm(s), if present, has been tested and works to my satisfaction. I have received instructions on the proper use of the carbon monoxide alarm(s).

X _____ DATE _____ X _____ DATE _____
RESIDENT RESIDENT

X _____ DATE _____ X _____ DATE _____
RESIDENT RESIDENT

MOVE-IN INSPECTION

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.

List item numbers where the "" issue noted on page 1 is circled:

(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.)
DATE

I accept this unit in clean condition and good repair except as noted on page 1 and above.

X _____ X _____
RESIDENT DATE RESIDENT DATE

X _____ X _____
RESIDENT DATE RESIDENT DATE

Owner/Agent Notes: _____

X _____
OWNER/AGENT DATE

MOVE-OUT INSPECTION

SUMMARY OF CONDITION AT MOVE-OUT. *List item numbers where the "*" issue noted on page 1 is circled:

PHOTOS INCLUDED (Not applicable for all move-outs.) Inspection completed by: _____

Owner/Agent does not waive its right to bill for additional damages not shown herein or costs which are finalized after the final accounting is sent.

I left the unit in the above condition. I agree that all personal property left at the Premises upon termination of the tenancy shall be considered abandoned and that Owner/Agent may sell or dispose of the personal property without complying with the provisions of O.R.S. 90.425.

X _____ X _____
RESIDENT DATE RESIDENT DATE

X _____ X _____
RESIDENT DATE RESIDENT DATE

X _____
OWNER/AGENT DATE