



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 3 NA = Not applicable**

LIVING ROOM / ENTRY			PRIMARY BEDROOM			BEDROOM 5		
	IN	OUT		IN	OUT		IN	OUT
1. WALLS / CEILINGS	A * NA	A * NA	25. WALLS / CEILINGS	A * NA	A * NA	54. WALLS / CEILINGS	A * NA	A * NA
2. FLOORING	A * NA	A * NA	26. FLOORING	A * NA	A * NA	55. FLOORING	A * NA	A * NA
3. DOORS / KNOBS / LOCKS	A * NA	A * NA	27. DOORS / KNOBS / LOCKS	A * NA	A * NA	56. DOORS / KNOBS / LOCKS	A * NA	A * NA
4. SLIDING DOOR	A * NA	A * NA	28. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	57. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
5. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	29. LIGHT FIXTURES / BULBS	A * NA	A * NA	58. LIGHT FIXTURES / BULBS	A * NA	A * NA
6. LIGHT FIXTURES / BULBS	A * NA	A * NA	30. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	59. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
7. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	31. SINK / VANITY	A * NA	A * NA	60. OTHER	A * NA	A * NA
8. FIREPLACE	A * NA	A * NA	32. OTHER	A * NA	A * NA			
9. OTHER	A * NA	A * NA						
KITCHEN / DINING ROOM			BEDROOM 2			PRIMARY BATHROOM		
	IN	OUT		IN	OUT		IN	OUT
10. WALLS / CEILINGS	A * NA	A * NA	33. WALLS / CEILINGS	A * NA	A * NA	61. WALLS / CEILINGS	A * NA	A * NA
11. FLOORING	A * NA	A * NA	34. FLOORING	A * NA	A * NA	62. FLOORING	A * NA	A * NA
12. SLIDING DOOR	A * NA	A * NA	35. DOORS / KNOBS / LOCKS	A * NA	A * NA	63. DOORS / KNOBS / LOCKS	A * NA	A * NA
13. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	36. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	64. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA
14. LIGHT FIXTURES / BULBS	A * NA	A * NA	37. LIGHT FIXTURES / BULBS	A * NA	A * NA	65. LIGHT FIXTURES / BULBS	A * NA	A * NA
15. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	38. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	66. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA
16. CABINETS	A * NA	A * NA	39. OTHER	A * NA	A * NA	67. COUNTERTOPS	A * NA	A * NA
17. COUNTERTOPS	A * NA	A * NA				68. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA
18. SINK / FAUCET / DISPOSAL	A * NA	A * NA				69. TOILET	A * NA	A * NA
19. RANGE / STOVE	A * NA	A * NA				70. SHOWER / TUB / SURROUND	A * NA	A * NA
MAKE _____						71. TOWEL BARS / SHOWER ROD	A * NA	A * NA
MODEL _____						72. FAN	A * NA	A * NA
COLOR _____						73. OTHER	A * NA	A * NA
20. HOOD / FAN	A * NA	A * NA						
21. REFRIGERATOR	A * NA	A * NA						
MAKE _____								
MODEL _____								
COLOR _____								
22. DISHWASHER	A * NA	A * NA						
MAKE _____								
MODEL _____								
COLOR _____								
23. MICROWAVE	A * NA	A * NA						
MAKE _____								
MODEL _____								
COLOR _____								
24. OTHER	A * NA	A * NA						

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BATHROOM 3			GARAGE / STORAGE			EXTERIOR: FRONT OF HOME		
	IN	OUT		IN	OUT		IN	OUT
87. WALLS / CEILINGS	A * NA	A * NA	112. WALLS / CEILINGS	A * NA	A * NA	135. FRONT LANDSCAPING	A * NA	A * NA
88. FLOORING _____	A * NA	A * NA	113. GARAGE DOOR	A * NA	A * NA	136. DRIVEWAY	A * NA	A * NA
89. DOORS / KNOBS / LOCKS	A * NA	A * NA	114. GARAGE DOOR OPENER	A * NA	A * NA	137. LIGHT FIXTURE	A * NA	A * NA
90. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	115. KEY PAD (# _____)	A * NA	A * NA	138. DOORBELL	A * NA	A * NA
91. LIGHT FIXTURES / BULBS	A * NA	A * NA	116. DOORS / KNOBS / LOCKS	A * NA	A * NA	139. MAILBOX (# _____)	A * NA	A * NA
92. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	117. LIGHT FIXTURES / BULBS	A * NA	A * NA	140. GUTTERS	A * NA	A * NA
93. COUNTERTOPS	A * NA	A * NA	118. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	141. HOSE BIBS	A * NA	A * NA
94. SINK / FAUCET / VANITY / MIRROR	A * NA	A * NA	119. OTHER _____	A * NA	A * NA	142. PAINT	A * NA	A * NA
95. TOILET	A * NA	A * NA				143. OTHER _____	A * NA	A * NA
96. SHOWER / TUB / SURROUND	A * NA	A * NA	ADDITIONAL ROOMS			EXTERIOR: BACK / SIDE		
97. TOWEL BARS / SHOWER ROD	A * NA	A * NA		IN	OUT		IN	OUT
98. FAN	A * NA	A * NA	120. _____	A * NA	A * NA	144. BACK LANDSCAPING	A * NA	A * NA
99. OTHER _____	A * NA	A * NA	121. _____	A * NA	A * NA	145. SIDE LANDSCAPING	A * NA	A * NA
			122. _____	A * NA	A * NA	146. DECK / PATIO	A * NA	A * NA
			123. _____	A * NA	A * NA	147. LIGHT FIXTURE	A * NA	A * NA
			124. _____	A * NA	A * NA	148. GUTTERS	A * NA	A * NA
			125. _____	A * NA	A * NA	149. HOSE BIBS	A * NA	A * NA
			126. _____	A * NA	A * NA	150. PAINT	A * NA	A * NA
			127. _____	A * NA	A * NA	151. FENCES	A * NA	A * NA
			128. _____	A * NA	A * NA	152. POOL / SPA	A * NA	A * NA
						153. OTHER _____	A * NA	A * NA
LAUNDRY ROOM			ESSENTIAL SERVICES			KEYS		
	IN	OUT		IN	OUT		IN	OUT
100. WALLS / CEILINGS	A * NA	A * NA	129. PLUMBING	A * NA	A * NA	154. # OF HOUSE KEYS	SAMPLE	_____
101. FLOORING _____	A * NA	A * NA	130. HEATING	A * NA	A * NA	155. # OF MAILBOX KEYS	SAMPLE	_____
102. DOORS / KNOBS	A * NA	A * NA	<input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS <input type="checkbox"/> OIL			156. # OF FACILITIES KEYS	SAMPLE	_____
103. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	131. FURNACE FILTER	A * NA	A * NA	157. # OF KEY CARDS	SAMPLE	_____
104. LIGHT FIXTURES / BULBS	A * NA	A * NA	132. ELECTRICITY	A * NA	A * NA	158. # OF GARAGE DOOR REMOTES	SAMPLE	_____
105. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	133. WATER HEATER	A * NA	A * NA	159. # OF _____	SAMPLE	_____
106. WASHER	A * NA	A * NA	<input type="checkbox"/> ELECTRIC <input type="checkbox"/> GAS					
MAKE _____			134. GAS	A * NA	A * NA			
MODEL _____								
COLOR _____								
107. DRYER	A * NA	A * NA						
MAKE _____								
MODEL _____								
COLOR _____								
108. CABINETS	A * NA	A * NA						
109. COUNTERTOPS	A * NA	A * NA						
110. SINK / FAUCET	A * NA	A * NA						
111. OTHER _____	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 \_\_\_\_\_ X \_\_\_\_\_  
 RESIDENT DATE RESIDENT DATE

X \_\_\_\_\_ X \_\_\_\_\_  
 RESIDENT DATE RESIDENT DATE

**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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHOTOS INCLUDED (Not applicable for all move-ins.) Inspection completed by: \_\_\_\_\_

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

X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT RESIDENT  
X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT RESIDENT

Owner/Agent Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

X \_\_\_\_\_ DATE \_\_\_\_\_  
OWNER/AGENT

MOVE-IN 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 \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT RESIDENT  
X \_\_\_\_\_ DATE \_\_\_\_\_ X \_\_\_\_\_ DATE \_\_\_\_\_  
RESIDENT RESIDENT  
X \_\_\_\_\_ DATE \_\_\_\_\_  
OWNER/AGENT

MOVE-OUT INSPECTION

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