

Move-In/Move-Out Condition Report - Oregon

Property Information

Tenant Name: _____

Property Address: _____

Owner/Agent: _____

Tenant Information:

Number of Smoke/CO Alarms: _____

Tested on: _____

Number of Keys Provided at Move-In: _____

Garage Remotes Provided at Move-In: _____

Please choose the appropriate codes: **A** - Acceptable **U** - Unacceptable **NA** - Not Applicable

Location	Move-In	Move-Out	Location	Move-In	Move-Out
Entry:			Bedroom 1:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		
Dining Room:			Bedroom 2:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		
Living Room:			Bedroom 3:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		
Family Room:			Bedroom 4:		
Flooring			Flooring		
Walls & Ceiling			Walls & Ceiling		
Door(s)			Door(s)		
Window(s)			Window(s)		
Window Covering(s)			Window Covering(s)		
Light Fixture(s)			Light Fixture(s)		
Outlet(s)			Outlet(s)		

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Location	Move-In	Move-Out
Dining Room:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Bedroom 5:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Hallways:		
Flooring		
Walls & Ceiling		
Door(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Hall Closet(s):		
Flooring		
Walls & Ceiling		
Door(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Kitchen:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Range		
Hood Vent		
Dishwasher		
Disposal		
Refrigerator		
Microwave		
Sink		
Cabinets		
Countertops		
Light Fixture(s)		
Outlets		

Location	Move-In	Move-Out
Bathroom 1:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Vanity/Cabinet(s)		
Toilet		
Sink(s)		
Bathtub/Shower		
Towel Rack(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Bathroom 2:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Vanity/Cabinet(s)		
Toilet		
Sink(s)		
Bathtub/Shower		
Towel Rack(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Office/Den:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Light Fixture(s)		
Outlet(s)		
Built-ins/Cabinets		

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Property Information

Tenant Name: _____

Property Address: _____

Owner/Agent: _____

Location	Move-In	Move-Out
Garage:		
Flooring		
Walls & Ceiling		
Door(s)		
Light Fixture(s)		
Outlet(s)		
Built-ins/Cabinets		

Location	Move-In	Move-Out
Bathroom 3:		
Flooring		
Walls & Ceiling		
Door(s)		
Window(s)		
Window Covering(s)		
Vanity/Cabinet(s)		
Toilet		
Sink(s)		
Bathtub/Shower		
Towel Rack(s)		
Light Fixture(s)		
Outlet(s)		

Location	Move-In	Move-Out
Exterior:		
Patio/Deck and/or Porch		
Landscaping/Paths		
Siding		
Light(s)		

Tenant Summary of overall move-in condition: _____

Please list all additional attachments included in this condition report as they relate to the move-in (including but not limited to photos, additional pages of described damages additional inspection reports, estimates for repairs, etc.): _____

All parties signing below agree and attest that the information provided for the move-in condition is true and correct and is representative of the actual condition of the dwelling unit. Landlord agrees to not hold tenant responsible for the noted damages at time of move-out unless landlord has made repairs to noted damages during tenancy, and any subsequent damage is caused by the tenant (or guest in the tenant's control). Tenant agrees that any damages not noted on this report at move-in, that is not considered normal wear and tear, may be repaired at the tenant's expense. Landlord certifies that all required smoke and carbon monoxide alarms were tested in the presence of the tenant and that all alarms noted on this form are in good working order. Tenant agrees that all smoke and carbon monoxide alarms noted on this form and tested by the landlord are in good working order.

Tenant: _____	Date: _____	Tenant: _____	Date: _____
Tenant: _____	Date: _____	Tenant: _____	Date: _____
Landlord: _____	Date: _____	Landlord: _____	Date: _____

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Property Information

Tenant Name: _____

Property Address: _____

Owner/Agent: _____

Landlord Summary of overall move-out condition: _____

Please list all additional attachments included in this condition report as they relate to the move-out (including but not limited to photos, additional pages of described damages additional inspection reports, estimates for repairs, etc.): _____

Tenant(s) Forward Address: _____

All parties signing below agree and attest that the information provided for the move-out condition is true and correct and is representative of the actual condition of the dwelling unit. Landlord agrees to not hold tenant responsible for the noted damages at time of move-in unless landlord had made repairs to noted damages during tenancy, and any subsequent damage was caused by the tenant (or guest in the tenant's control). If Tenant(s) is/are not willing or able to attend the move-out inspection and/or sign this portion of the Move-In/Move-Out Condition Report, Landlord must state so here in lieu of signatures below: _____

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Landlord: _____ Date: _____ Landlord: _____ Date: _____

Tenant Property: 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: _____

Tenant: _____ Date: _____ Tenant: _____ Date: _____

Landlord: _____ Date: _____ Landlord: _____ Date: _____