209 (06/10)

# MOVE IN & OUT CONDITION REPORT

RHA
RENTAL HOUSING ASSOCIATION
*Of Greater Portland*
www.rhagp.org

TENANT NAME(S): _____

RENTAL ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

G= GREAT A= ACCEPTABLE F= FAIR P= POOR NA= NOT APPLICABLE

| GENERAL ITEMS | IN | OUT |
|---|---|---|
| Cable/TV Antenna/Dish | | |
| Ceilings/Walls | | |
| Doors/Woodwork | | |
| -Knobs/Locks | | |
| Electrical Outlets/Switches | | |
| Garbage/Recycling Can(s) | | |
| Floors | | |
| -Carpet/Rugs | | |
| -Wood/Vinyl | | |
| Light Fixtures/Bulbs | | |
| Windows/Screens | | |
| -Blinds/Window Coverings | | |
| -Rods | | |
| Other_____ | | |

| LIVING ROOM | IN | OUT |
|---|---|---|
| Fire Place/Equipment | | |

| KITCHEN | IN | OUT |
|---|---|---|
| Counter Tops | | |
| Cupboards | | |
| Disposal | | |
| Dishwasher | | |
| Refrigerator | | |
| -Ice Trays (#)___ | | |
| -Shelves/Drawers | | |
| Sink | | |
| Stove | | |
| -Broiler Pan/Racks (#)___ | | |
| Other_____ | | |

| GARAGE/STORAGE/YARD | IN | OUT |
|---|---|---|
| Doors/Locks | | |
| Lawn | | |
| Shrubs | | |
| Other_____ | | |

| ESSENTIAL SERVICES | IN | OUT |
|---|---|---|
| Electricity | | |
| Heating | | |
| Hot Water | | |
| Plumbing | | |
| Smoke/Carbon MO Detector | | |
| Other_____ | | |

| BATHROOM | IN | OUT |
|---|---|---|
| Mirror/Medicine Cabinet | | |
| Paper Holder | | |
| Sink/Vanity | | |
| Soap Dish | | |
| Toilet | | |
| Towel Bar(s) | | |
| Tub/Shower | | |
| -Shower Rod | | |
| Other_____ | | |

| (BED)ROOMS/BASEMENT | IN | OUT | IN | OUT | IN | OUT | IN | OUT |
|---|---|---|---|---|---|---|---|---|
| Room Name/Number | | | | | | | | |
| Ceilings/Walls | | | | | | | | |
| Doors/Woodwork | | | | | | | | |
| -Knobs/Locks | | | | | | | | |
| Electrical Outlets/Switches | | | | | | | | |
| Floor | | | | | | | | |
| -Carpet/Rugs | | | | | | | | |
| -Wood/Vinyl | | | | | | | | |
| Light Fixtures/Bulbs | | | | | | | | |
| Windows/Screens | | | | | | | | |
| -Blinds/Window Coverings | | | | | | | | |
| -Rods | | | | | | | | |

| BATHROOM#2 | IN | OUT |
|---|---|---|
| Mirror/Medicine Cabinet | | |
| Paper Holder | | |
| Sink/Vanity | | |
| Soap Dish | | |
| Toilet | | |
| Towel Bar(s) | | |
| Tub/Shower | | |
| -Shower Rod | | |
| Other_____ | | |

Notes on Move-In Condition: _____

I accept the unit in the above condition. Tenant has 7 days to amend in writing and present to Landlord for signature:

X_____ Name Date

X_____ Name Date

X_____ Name Date

X_____ Name Date

Notes on Move-Out Condition: _____

I left the unit in the above condition.

X_____ Name Date

X_____ Name Date

X_____ Name Date

X_____ Name Date

Forwarding Address(es): _____

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).

X_____ Landlord/Owner/Agent Date

X_____ Name Date

X_____ Name Date

EQUAL HOUSING OPPORTUNITY

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