CITY OF PORTLAND, OREGON

CONDITION AT MOVE-IN

EQUAL HOUSING OPPORTUNITY

MOVE-IN DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____ _____ _____

_____ _____ _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

OF BEDROOMS _____ # OF BATHROOMS _____

DATE DUE TO OWNER/AGENT _____ (WITHIN 7 DAYS OF MOVE-IN)

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

RESIDENT NAME(S) _____ UNIT NUMBER _____

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

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT-ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
STORAGE / OTHER (CONTINUED)				
75 _____	☐	☐	☐	_____
76 _____	☐	☐	☐	_____
77 _____	☐	☐	☐	_____
MASTER BEDROOM ☐ N/A				
78 Walls	☐	☐	☐	_____
79 Ceiling	☐	☐	☐	_____
80 Floor Material	☐	☐	☐	_____
81 Doors	☐	☐	☐	_____
82 Door Frames	☐	☐	☐	_____
83 Closet Doors	☐	☐	☐	_____
84 Knobs	☐	☐	☐	_____
85 Locks	☐	☐	☐	_____
86 Sliding Door	☐	☐	☐	_____
87 Windows	☐	☐	☐	_____
88 Screens	☐	☐	☐	_____
89 Window Coverings	☐	☐	☐	_____
90 Light Fixtures	☐	☐	☐	_____
91 Ceiling Fan	☐	☐	☐	_____
92 Bulbs	☐	☐	☐	_____
93 Electric Outlets	☐	☐	☐	_____
94 Switches	☐	☐	☐	_____
95 Outlet / Switch Covers	☐	☐	☐	_____
96 Heater	☐	☐	☐	_____
97 Thermostat	☐	☐	☐	_____
98 _____	☐	☐	☐	_____
99 _____	☐	☐	☐	_____
100 _____	☐	☐	☐	_____
101 _____	☐	☐	☐	_____
102 _____	☐	☐	☐	_____
BEDROOM 2 ☐ N/A				
103 Walls	☐	☐	☐	_____
104 Ceiling	☐	☐	☐	_____
105 Floor Material	☐	☐	☐	_____
106 Doors	☐	☐	☐	_____
107 Door Frames	☐	☐	☐	_____
108 Closet Doors	☐	☐	☐	_____
109 Knobs	☐	☐	☐	_____
110 Locks	☐	☐	☐	_____
111 Windows	☐	☐	☐	_____
112 Screens	☐	☐	☐	_____
113 Window Coverings	☐	☐	☐	_____
114 Light Fixtures	☐	☐	☐	_____
115 Ceiling Fan	☐	☐	☐	_____

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT-ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BEDROOM 2 (CONTINUED)				
116 Bulbs	☐	☐	☐	
117 Electric Outlets	☐	☐	☐	
118 Switches	☐	☐	☐	
119 Outlet/Switch Covers	☐	☐	☐	
120 Heater	☐	☐	☐	
121 Thermostat	☐	☐	☐	
122 _____	☐	☐	☐	
123 _____	☐	☐	☐	
124 _____	☐	☐	☐	
125 _____	☐	☐	☐	
126 _____	☐	☐	☐	
BEDROOM 3 ☐ **N/A**				
127 Walls	☐	☐	☐	
128 Ceiling	☐	☐	☐	
129 Floor Material	☐	☐	☐	
130 Doors	☐	☐	☐	
131 Door Frames	☐	☐	☐	
132 Closet Doors	☐	☐	☐	
133 Knobs	☐	☐	☐	
134 Locks	☐	☐	☐	
135 Windows	☐	☐	☐	
136 Screens	☐	☐	☐	
137 Window Coverings	☐	☐	☐	
138 Light Fixtures	☐	☐	☐	
139 Ceiling Fan	☐	☐	☐	
140 Bulbs	☐	☐	☐	
141 Electric Outlets	☐	☐	☐	
142 Switches	☐	☐	☐	
143 Outlet/Switch Covers	☐	☐	☐	
144 Heater	☐	☐	☐	
145 Thermostat	☐	☐	☐	
146 _____	☐	☐	☐	
147 _____	☐	☐	☐	
148 _____	☐	☐	☐	
149 _____	☐	☐	☐	
150 _____	☐	☐	☐	
ESSENTIAL SERVICES				
151 Plumbing	☐	☐	☐	
152 Heating	☐	☐	☐	
153 Electricity	☐	☐	☐	
154 Water Heater	☐	☐	☐	
155 Gas	☐	☐	☐	

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT-ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BATHROOM 1 ☐ **N/A**				
156 Walls	☐	☐	☐	
157 Ceiling	☐	☐	☐	
158 Floor Material	☐	☐	☐	
159 Doors	☐	☐	☐	
160 Door Frames	☐	☐	☐	
161 Knobs	☐	☐	☐	
162 Locks	☐	☐	☐	
163 Windows	☐	☐	☐	
164 Screens	☐	☐	☐	
165 Window Coverings	☐	☐	☐	
166 Light Fixtures	☐	☐	☐	
167 Bulbs	☐	☐	☐	
168 Electric Outlets	☐	☐	☐	
169 Switches	☐	☐	☐	
170 Outlet/Switch Covers	☐	☐	☐	
171 Sink	☐	☐	☐	
172 Faucet	☐	☐	☐	
173 Cabinets	☐	☐	☐	
174 Cabinet/Drawer Pulls	☐	☐	☐	
175 Countertops	☐	☐	☐	
176 Mirror/Med Cabinet	☐	☐	☐	
177 Toilet	☐	☐	☐	
178 Toilet Seat	☐	☐	☐	
179 Shower/Tub	☐	☐	☐	
180 Shower/Tub Surround	☐	☐	☐	
181 Showerhead	☐	☐	☐	
182 Tub Faucet	☐	☐	☐	
183 Towel Bars	☐	☐	☐	
184 Toilet Paper Holder	☐	☐	☐	
185 Shower Rod	☐	☐	☐	
186 Fan	☐	☐	☐	
187 Heater	☐	☐	☐	
188 Thermostat	☐	☐	☐	
189 _____	☐	☐	☐	
190 _____	☐	☐	☐	
191 _____	☐	☐	☐	
192 _____	☐	☐	☐	
193 _____	☐	☐	☐	
BATHROOM 2 ☐ **N/A**				
194 Walls	☐	☐	☐	
195 Ceiling	☐	☐	☐	
196 Floor Material	☐	☐	☐	
197 Doors	☐	☐	☐	

RESIDENT NAME(S) _____ UNIT NUMBER _____

ITEM	N/A	ACCEPT-ABLE	ISSUE NOTED	DESCRIBE ISSUE NOTED
BATHROOM 2 (CONTINUED)				
198 Door Frames	☐	☐	☐	
199 Knobs	☐	☐	☐	
200 Locks	☐	☐	☐	
201 Windows	☐	☐	☐	
202 Screens	☐	☐	☐	
203 Window Coverings	☐	☐	☐	
204 Light Fixtures	☐	☐	☐	
205 Bulbs	☐	☐	☐	
206 Electric Outlets	☐	☐	☐	
207 Switches	☐	☐	☐	
208 Outlet/Switch Covers	☐	☐	☐	
209 Sink	☐	☐	☐	
210 Faucet	☐	☐	☐	
211 Cabinets	☐	☐	☐	
212 Cabinet/Drawer Pulls	☐	☐	☐	
213 Countertops	☐	☐	☐	
214 Mirror/Med Cabinet	☐	☐	☐	
215 Toilet	☐	☐	☐	
216 Toilet Seat	☐	☐	☐	
217 Shower/Tub	☐	☐	☐	
218 Shower/Tub Surround	☐	☐	☐	
219 Showerhead	☐	☐	☐	
220 Tub Faucet	☐	☐	☐	
221 Towel Bars	☐	☐	☐	
222 Toilet Paper Holder	☐	☐	☐	
223 Shower Rod	☐	☐	☐	
224 Fan	☐	☐	☐	
225 Heater	☐	☐	☐	
226 Thermostat	☐	☐	☐	
227 _____	☐	☐	☐	
228 _____	☐	☐	☐	
229 _____	☐	☐	☐	
230 _____	☐	☐	☐	
231 _____	☐	☐	☐	

ADDITIONAL NOTES/COMMENTS

RESIDENT NAME(S) _____ UNIT NUMBER _____

ADDITIONAL NOTES/COMMENTS (CONTINUED)

RESIDENT:

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.

☐ Owner/Agent disputes the following conditions noted above and will be seeking third party validation. Resident is required to participate in the validation process in good faith.

☐ Owner/Agent has not received a completed Condition at Move-In report from Resident by the due date set forth above. Owner/Agent has thereby completed this form and submitted it to Resident within 17 days of move-in (photos enclosed).

X _____ OWNER/AGENT _____ DATE