



DATE _____ PROPERTY NAME / NUMBER Gentry Apartments 517

RESIDENT NAME(S) _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

OF BEDROOMS _____ # OF BATHROOMS _____

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

LIVING ROOM / ENTRY	IN	OUT	MASTER BEDROOM	IN	OUT	MASTER BATHROOM	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	IN	OUT	BEDROOM 2	IN	OUT	BEDROOM 2	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	IN	OUT	79. TOILET	A * NA	A * NA
19. RANGE / STOVE / HOOD / FAN	A * NA	A * NA	46. WALLS / CEILINGS	A * NA	A * NA	80. SHOWER / TUB / SURROUND	A * NA	A * NA
20. REFRIGERATOR	A * NA	A * NA	47. FLOORING	A * NA	A * NA	81. TOWEL BARS / SHOWER ROD	A * NA	A * NA
21. DISHWASHER	A * NA	A * NA	48. DOORS / KNOBS / LOCKS	A * NA	A * NA	82. FAN	A * NA	A * NA
22. MICROWAVE	A * NA	A * NA	49. WINDOWS / SCREENS / COVERINGS	A * NA	A * NA	83. OTHER	A * NA	A * NA
23. OTHER	A * NA	A * NA	50. LIGHT FIXTURES / BULBS	A * NA	A * NA			
STORAGE / OTHER	IN	OUT	51. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	KEYS	IN	OUT
24. DOORS / KNOBS / LOCKS	A * NA	A * NA	52. OTHER	A * NA	A * NA	84. # OF HOUSE KEYS	_____	_____
25. LIGHT FIXTURES / BULBS	A * NA	A * NA				85. # OF MAILBOX KEYS	_____	_____
26. ELECTRIC OUTLETS / SWITCHES	A * NA	A * NA	ESSENTIAL SERVICES	IN	OUT	86. # OF FACILITIES KEYS	_____	_____
27. WASHER (SERIAL # _____)	A * NA	A * NA	53. PLUMBING	A * NA	A * NA	87. # OF KEY CARDS	_____	_____
28. DRYER (SERIAL # _____)	A * NA	A * NA	54. HEATING	A * NA	A * NA	88. # OF _____	_____	_____
29. DECK / PATIO	A * NA	A * NA	55. ELECTRICITY	A * NA	A * NA			
30. OTHER	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 _____ DATE (no more than 30 days after effective date of lease).)

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-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	_____	DATE	_____	X	_____	DATE	_____
	RESIDENT				RESIDENT		
X	_____	DATE	_____	X	_____	DATE	_____
	RESIDENT				RESIDENT		
				X	_____	DATE	_____
					OWNER/AGENT		