

MOVE-IN DATE _____ PROPERTY NAME / NUMBER LivingRoom 5123
 RESIDENT NAME(S) _____

 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 # OF BEDROOMS _____ # OF BATHROOMS _____

ITEM	QUANTITY	ORIGINAL PURCHASE PRICE	ORIGINAL PURCHASE DATE	YEARS REMAINING	DEPRECIATED VALUE/ COST TO REPLACE
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When Owner/Agent does not have the original purchase price and date of a fixture, appliance, equipment, or personal property, Owner/Agent must approximate the age and depreciated value of the fixture, appliance, equipment, or personal property using the same or comparable items.

LIVING ROOM/ENTRY

Floor Material	_____	\$ _____	_____	_____	\$ _____
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Sliding Door	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Ceiling Fan	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet/Switch Covers	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
Fireplace	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

KITCHEN/DINING ROOM

Floor Material	_____	\$ _____	_____	_____	\$ _____
Sliding Door	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Ceiling Fan	_____	\$ _____	_____	_____	\$ _____

RESIDENT NAME(S) _____

UNIT NUMBER _____

ITEM	QUANTITY	ORIGINAL PURCHASE PRICE	ORIGINAL PURCHASE DATE	YEARS REMAINING	DEPRECIATED VALUE/COST TO REPLACE
KITCHEN/DINING ROOM (CONTINUED)					
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet/Switch Covers	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
Cabinets	_____	\$ _____	_____	_____	\$ _____
Cabinet/Drawer Pulls	_____	\$ _____	_____	_____	\$ _____
Countertops	_____	\$ _____	_____	_____	\$ _____
Backsplash	_____	\$ _____	_____	_____	\$ _____
Sink	_____	\$ _____	_____	_____	\$ _____
Faucet	_____	\$ _____	_____	_____	\$ _____
Garbage Disposal	_____	\$ _____	_____	_____	\$ _____
Range/Stove	_____	\$ _____	_____	_____	\$ _____
Drip Pans	_____	\$ _____	_____	_____	\$ _____
Hood Fan	_____	\$ _____	_____	_____	\$ _____
Refrigerator	_____	\$ _____	_____	_____	\$ _____
Dishwasher	_____	\$ _____	_____	_____	\$ _____
Microwave	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
STORAGE/OTHER	<input type="checkbox"/> N/A				
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet/Switch Covers	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
Washer	_____	\$ _____	_____	_____	\$ _____
Dryer	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

RESIDENT NAME(S) _____

UNIT NUMBER _____

ITEM	QUANTITY	ORIGINAL PURCHASE PRICE	ORIGINAL PURCHASE DATE	YEARS REMAINING	DEPRECIATED VALUE/COST TO REPLACE
STORAGE/OTHER (CONTINUED)					
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
MASTER BEDROOM	<input type="checkbox"/> N/A				
Floor Material	_____	\$ _____	_____	_____	\$ _____
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____
Closet Doors	_____	\$ _____	_____	_____	\$ _____
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Sliding Door	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Ceiling Fan	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet/Switch Covers	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
BEDROOM 2	<input type="checkbox"/> N/A				
Floor Material	_____	\$ _____	_____	_____	\$ _____
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____
Closet Doors	_____	\$ _____	_____	_____	\$ _____
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Ceiling Fan	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____

RESIDENT NAME(S) _____

UNIT NUMBER _____

ITEM	QUANTITY	ORIGINAL PURCHASE PRICE	ORIGINAL PURCHASE DATE	YEARS REMAINING	DEPRECIATED VALUE/ COST TO REPLACE
BEDROOM 2 (CONTINUED)					
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet / Switch Covers	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
BEDROOM 3					
	<input type="checkbox"/> N/A				
Floor Material	_____	\$ _____	_____	_____	\$ _____
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____
Closet Doors	_____	\$ _____	_____	_____	\$ _____
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Ceiling Fan	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet / Switch Covers	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
ESSENTIAL SERVICES					
Plumbing	_____	\$ _____	_____	_____	\$ _____
Heating	_____	\$ _____	_____	_____	\$ _____
Electricity	_____	\$ _____	_____	_____	\$ _____
Water Heater	_____	\$ _____	_____	_____	\$ _____
Gas	_____	\$ _____	_____	_____	\$ _____

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ITEM	QUANTITY	ORIGINAL PURCHASE PRICE	ORIGINAL PURCHASE DATE	YEARS REMAINING	DEPRECIATED VALUE/ COST TO REPLACE
BATHROOM 1	<input type="checkbox"/> N/A				
Floor Material	_____	\$ _____	_____	_____	\$ _____
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet/Switch Covers	_____	\$ _____	_____	_____	\$ _____
Sink	_____	\$ _____	_____	_____	\$ _____
Faucet	_____	\$ _____	_____	_____	\$ _____
Cabinets	_____	\$ _____	_____	_____	\$ _____
Cabinet/Drawer Pulls	_____	\$ _____	_____	_____	\$ _____
Countertops	_____	\$ _____	_____	_____	\$ _____
Mirror/Med Cabinet	_____	\$ _____	_____	_____	\$ _____
Toilet	_____	\$ _____	_____	_____	\$ _____
Toilet Seat	_____	\$ _____	_____	_____	\$ _____
Shower/Tub	_____	\$ _____	_____	_____	\$ _____
Shower/Tub Surround	_____	\$ _____	_____	_____	\$ _____
Showerhead	_____	\$ _____	_____	_____	\$ _____
Tub Faucet	_____	\$ _____	_____	_____	\$ _____
Towel Bars	_____	\$ _____	_____	_____	\$ _____
Toilet Paper Holder	_____	\$ _____	_____	_____	\$ _____
Shower Rod	_____	\$ _____	_____	_____	\$ _____
Fan	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
BATHROOM 2	<input type="checkbox"/> N/A				
Floor Material	_____	\$ _____	_____	_____	\$ _____
Doors	_____	\$ _____	_____	_____	\$ _____
Door Frames	_____	\$ _____	_____	_____	\$ _____

RESIDENT NAME(S) _____

UNIT NUMBER _____

ITEM	QUANTITY	ORIGINAL PURCHASE PRICE	ORIGINAL PURCHASE DATE	YEARS REMAINING	DEPRECIATED VALUE/ COST TO REPLACE
BATHROOM 2 (CONTINUED)					
Knobs	_____	\$ _____	_____	_____	\$ _____
Locks	_____	\$ _____	_____	_____	\$ _____
Windows	_____	\$ _____	_____	_____	\$ _____
Screens	_____	\$ _____	_____	_____	\$ _____
Window Coverings	_____	\$ _____	_____	_____	\$ _____
Light Fixtures	_____	\$ _____	_____	_____	\$ _____
Bulbs	_____	\$ _____	_____	_____	\$ _____
Electric Outlets	_____	\$ _____	_____	_____	\$ _____
Switches	_____	\$ _____	_____	_____	\$ _____
Outlet/Switch Covers	_____	\$ _____	_____	_____	\$ _____
Sink	_____	\$ _____	_____	_____	\$ _____
Faucet	_____	\$ _____	_____	_____	\$ _____
Cabinets	_____	\$ _____	_____	_____	\$ _____
Cabinet/Drawer Pulls	_____	\$ _____	_____	_____	\$ _____
Countertops	_____	\$ _____	_____	_____	\$ _____
Mirror/Med Cabinet	_____	\$ _____	_____	_____	\$ _____
Toilet	_____	\$ _____	_____	_____	\$ _____
Toilet Seat	_____	\$ _____	_____	_____	\$ _____
Shower/Tub	_____	\$ _____	_____	_____	\$ _____
Shower/Tub Surround	_____	\$ _____	_____	_____	\$ _____
Showerhead	_____	\$ _____	_____	_____	\$ _____
Tub Faucet	_____	\$ _____	_____	_____	\$ _____
Towel Bars	_____	\$ _____	_____	_____	\$ _____
Toilet Paper Holder	_____	\$ _____	_____	_____	\$ _____
Shower Rod	_____	\$ _____	_____	_____	\$ _____
Fan	_____	\$ _____	_____	_____	\$ _____
Heater	_____	\$ _____	_____	_____	\$ _____
Thermostat	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____
_____	_____	\$ _____	_____	_____	\$ _____

ALTERNATE DEPRECIATION CALCULATION

- Documentation must include:
1. The current depreciated value of the fixture, appliance, equipment, or personal property;
 2. An explanation of why the depreciated value derived from the Depreciation Schedule is inapplicable for the fixture, appliance, equipment, or personal property; and
 3. A justification of how the repair or alternative replacement cost of the fixture, appliance, equipment, or personal property has been calculated or determined.



Portland Housing Bureau

Rental Services Office

Mayor Ted Wheeler • Director Shannon Callahan

421 SW 6th Avenue, Suite 500 • Portland, OR 97204

PHONE 503-823-1303 • FAX 503-865-3260

portlandoregon.gov/phb/rso

Rental Services Helpdesk Hours

MON, WED, FRI 9–11am and 1–4pm

Fixture, Appliance, Equipment, and Personal Property Depreciation Schedule Required Under Portland City Code Title 30.01.087.C.1

Within the City of Portland, a landlord may only apply security deposit funds for the repair and replacement of those fixtures, appliances, equipment, or personal property that are identified in the rental agreement and to which a value is attached in accordance with the depreciation schedule published in this notice.

A landlord may provide documentation reasonably acceptable to a tenant demonstrating why a different calculation is justified for a particular item so long as the documentation includes:

1. The current depreciated value of the fixture, appliance, equipment, or personal property;
2. An explanation of why the depreciated value derived from the Depreciation Schedule is inapplicable for the fixture, appliance, equipment, or personal property; and
3. A justification of how the repair or alternative replacement cost of the fixture, appliance, equipment, or personal property has been calculated or determined.

City of Portland Requirements

When determining the amount of security deposit funds to withhold for the repair and replacement of appliances or equipment, fixtures, or personal property, a landlord must discount the estimated original purchase price by the following depreciation schedule:

Appliances or Equipment (includes items such as refrigerators, microwave ovens, stovetops, ovens, dishwashers, etc.) depreciate over 15 years, or 6.67% per year.

Fixtures that are Carpets and Window Dressings (includes items such as carpet, flooring that is not permanently attached, blinds, curtains, etc.) depreciate over 10 years, or 10% per year.

Fixtures not including Carpets and Window Dressings (includes items such as faucets, sinks, toilets, tubs, permanently attached flooring, cabinetry, etc.) depreciate over 20 years, or 5% per year.

Personal Property (includes all other non-structural elements not covered by the fixtures, appliances, or equipment depreciation schedule) depreciate over 30 years, or 3.34% per year.



Example of Calculating Depreciated Value

Year 0: Appliance or equipment purchased for \$300

Year 8: **Depreciated Value = \$140**

Calculation

\$300 purchase price / 15-year depreciation = \$20 depreciation per year

\$20 depreciation per year x 8 years = \$160 of value depreciation

\$300 purchase price - \$160 of value depreciation = **\$140 of depreciated value**



If you believe you have been harassed or discriminated against because of your race, color, national origin, religion, gender, familial status, disability, marital status, source of income, sexual orientation including gender identity, domestic violence, type of occupation, or age over 18 seek legal guidance regarding your rights under Fair Housing law.

For translation or interpretation, please call 503-823-1303
TTY at 503-823-6868 or Oregon Relay Service at 711

503-823-1303: Traducción e interpretación | Chuyển Ngữ hoặc Phiên Dịch | 翻译或传译
Письменный или устный перевод | 翻訳または通訳 | Traducere sau Interpretare
번역 및 통역 | Письмовий або усний переклад | Turjumida ama Fasiraadda
الترجمة التحريرية والشفوية | ການແປພາສາ ຫຼື ການອະທິບາຍ

This requirement is in addition to any other rights and responsibilities set forth in the Oregon Residential Landlord and Tenant Act under Oregon Revised Statute Chapter 90, and Portland Landlord-Tenant Law under Portland City Code Title 30.

The information in this form is for educational purposes only. You should review appropriate state statute, city code, and administrative rule as necessary. If you need legal guidance, or are considering taking legal action, you should contact an attorney.