

MOVE-IN / MOVE-OUT CONDITION CHECKLIST



The pre-printed portion of this form has been drafted by the Arizona Association of REALTORS®. Any change in the pre-printed language of this form must be made in a prominent manner. No representations are made as to the legal validity, adequacy and/or effects of any provision, including tax consequences thereof. If you desire legal, tax or other professional advice, please consult your attorney, tax advisor or professional consultant.



THIS CHECKLIST is hereby made a part of the Residential Lease Agreement dated _____ by and between

Landlord: _____

Tenant: _____

Premises Address: _____

Move-in Date _____ Move-out Date _____

Inspection Date _____ Inspection Date _____

Complete the move-in section of this form and return it to your Landlord within five (5) days or _____ days after occupancy. All items are deemed to be in good condition unless noted otherwise. Test all locks, window latches, smoke detectors, and equipment. **This form is not a repair request.** Submit all requests for repairs separately in accordance with your lease. You and your Landlord will also use this form upon move-out. Keep a copy for your records. Note any defects in the items listed below. **If you fail to return this form you will be held responsible for any damages, and you will be accepting the Premises in its current condition.**

EXTERIOR ITEMS

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Fences & Gates Good Other _____
- Lawn (Trees / Shrubs / Landscaping) Good Other _____
- Paint Good Other _____
- Front Door — Door Knob and Locks Good Other _____
- Back Door — Door Knob and Locks Good Other _____
- Fountain Good Other _____
- Grill Good Other _____
- Swimming Pool Good Other _____
- Hot tub / Spa Good Other _____
- Other: _____ Good Other _____

Water Shut-Off Valve Located? Yes No Breaker Panel Located? Yes No

COMMENTS: _____

GARAGE / CARPORT

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceilings, Walls, Baseboards Good Other _____
- Floor / Driveway Good Other _____
- Auto Door Opener Good Other _____
- Remotes Good Other _____
- Garage Door Good Other _____
- Plugs & Switches Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

ENTRY & HALL

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring Good Other _____
- Stairwell / Handrails Good Other _____
- Light Fixtures Good Other _____
- Closet Shelves & Rods Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

>>

Move-In / Move-Out Condition Checklist >>

LIVING ROOM

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Fireplace	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

COMMENTS: _____

KITCHEN

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Lights	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Drawers (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Sink & Faucet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Disposal	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Dishwasher	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Microwave	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Refrigerator	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Stove	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Fan, filter & hood	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

COMMENTS: _____

DINING ROOM

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

COMMENTS: _____

MASTER BEDROOM

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

COMMENTS: _____

>>

Move-In / Move-Out Condition Checklist >>

BEDROOM #2

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

COMMENTS: _____
 _____ **SAMPLE** _____

BEDROOM #3

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____

COMMENTS: _____
 _____ **SAMPLE** _____

BEDROOM #4 / DEN / LOFT

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

COMMENTS: _____
 _____ **SAMPLE** _____

BATHROOM (MASTER)

	MOVE-IN CONDITION		MOVE-OUT CONDITION
Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Light Fixtures	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Sinks & Faucets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Soap dishes, towel bars, shower rod, paper holders secure	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Mirrors	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Medicine Cabinet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Tub / Shower & Faucets	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____ SAMPLE _____
Toilet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
Plumbing working properly	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____

>>

Move-In / Move-Out Condition Checklist >>

Linen Closet Good Other _____
 Fan Good Other _____
 Other: _____ Good Other _____

SAMPLE

COMMENTS: _____

SAMPLE

BATHROOM #2

MOVE-IN CONDITION

MOVE-OUT CONDITION

Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
 Doors (Close properly / Condition) Good Other _____
 Flooring Good Other _____
 Light Fixtures Good Other _____
 Plugs & Switches Good Other _____
 Cabinets (Close properly / Condition) Good Other _____
 Countertops Good Other _____
 Sinks & Faucets Good Other _____
 Soap dishes, towel bars, shower rod Good Other _____
 Tub / Shower & Faucets Good Other _____
 Toilet Good Other _____
 Plumbing working properly Good Other _____
 Fan Good Other _____
 Other: _____ Good Other _____

SAMPLE

SAMPLE

SAMPLE

SAMPLE

COMMENTS: _____

SAMPLE

BATHROOM #3

MOVE-IN CONDITION

MOVE-OUT CONDITION

Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
 Doors (Close properly / Condition) Good Other _____
 Flooring Good Other _____
 Light Fixtures Good Other _____
 Plugs & Switches Good Other _____
 Cabinets (Close properly / Condition) Good Other _____
 Countertops Good Other _____
 Sinks & Faucets Good Other _____
 Soap dishes, towel bars, shower rod Good Other _____
 Tub / Shower & Faucets Good Other _____
 Toilet Good Other _____
 Plumbing working properly Good Other _____
 Fan Good Other _____
 Other: _____ Good Other _____

SAMPLE

SAMPLE

SAMPLE

SAMPLE

SAMPLE

COMMENTS: _____

SAMPLE

UTILITY / LAUNDRY ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

Fan Good Other _____
 Cabinets (Close properly / Condition) Good Other _____
 Sink Good Other _____
 Washer Good Other _____
 Dryer Good Other _____
 Washer / Dryer Hookups Good Other _____
 Dryer Vent Good Other _____
 Flooring (Note burns, tears, stains) Good Other _____
 Doors (Close properly / Condition) Good Other _____
 Switches Good Other _____
 Other: _____ Good Other _____

SAMPLE

SAMPLE

SAMPLE

SAMPLE

COMMENTS: _____

SAMPLE

>>

Move-In / Move-Out Condition Checklist >>

ADDITIONAL ROOM

Room Name: _____ **SAMPLE**

	MOVE-IN CONDITION	MOVE-OUT CONDITION
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

OTHER

	MOVE-IN CONDITION	MOVE-OUT CONDITION
Heating	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
A/C	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Swamp Cooler	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
Filters size: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
Fire Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Security Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ SAMPLE
Smoke Detector(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
Carbon Monoxide Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ SAMPLE
Trash Removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

COMMENTS: _____ **SAMPLE**

FIXTURE / PERSONAL PROPERTY INVENTORY

The following fixtures / personal property are also included in the Residence (check all that apply):

	QUANTITY	BRAND	COLOR	SERIAL #	CONDITION
<input type="checkbox"/> Refrigerator	_____	_____	_____	_____ SAMPLE	_____
<input type="checkbox"/> Stove	_____	_____	_____	_____	_____
<input type="checkbox"/> Dishwasher	_____	_____	_____	_____ SAMPLE	_____
<input type="checkbox"/> Washer	_____	_____	_____	_____	_____
<input type="checkbox"/> Dryer	_____	_____	_____	_____ SAMPLE	_____
<input type="checkbox"/> _____	_____	_____	_____	_____ SAMPLE	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____ SAMPLE	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____

COMMENTS: _____ **SAMPLE**

>>

Move-In / Move-Out Condition Checklist >>

Landlord and Tenant acknowledge that video and/or photos (digital or otherwise) may have been taken of the Premises condition and are in Landlord's possession. Tenant may take video and/or photos at Tenant's own expense.

TENANT AGREES that the above information is an accurate account of the condition and contents of the Premises and acknowledges receiving a copy hereof. Tenant understands that unless otherwise noted, all discrepancies will be Tenant's responsibility and will be deducted from the security deposit at time of move out.

***** PLEASE MAKE A COPY FOR YOUR RECORDS *****

MOVE-IN

Completed on this _____ day of _____, 20_____.

^ NAME (PLEASE PRINT) SAMPLE ^ SIGNATURE SAMPLE DATE _____

^ NAME (PLEASE PRINT) SAMPLE ^ SIGNATURE SAMPLE DATE _____

This checklist must be signed and dated by the Landlord or Property Manager to be deemed received.

^ LANDLORD/PROPERTY MANAGER SAMPLE DATE _____

MOVE-OUT

Completed on this _____ day of _____, 20_____.

^ NAME (PLEASE PRINT) SAMPLE ^ SIGNATURE SAMPLE DATE _____

^ NAME (PLEASE PRINT) SAMPLE ^ SIGNATURE SAMPLE DATE _____

This checklist must be signed and dated by the Landlord or Property Manager to be deemed received.

^ LANDLORD/PROPERTY MANAGER SAMPLE DATE _____

For Broker Use Only:			
Brokerage File/Log No. _____	Manager's Initials <u>SAMPLE</u>	Broker's Initials <u>SAMPLE</u>	Date _____ MO/DA/YR