

MOVE-IN / MOVE-OUT CONDITION CHECKLIST



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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 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Lawn (Trees / Shrubs / Landscaping) | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Paint | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Front Door — Door Knob and Locks | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Back Door — Door Knob and Locks | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Fountain | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Grill | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Swimming Pool | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Hot tub / Spa | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Other: _____ | <input type="checkbox"/> Good | <input type="checkbox"/> 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 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Floor / Driveway | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Auto Door Opener | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Remotes | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Garage Door | <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: _____

ENTRY & HALL

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 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Stairwell / Handrails | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| Light Fixtures | <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 >>

LIVING ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Fireplace Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring (Note burns, tears, stains) Good Other _____
- Lights & Ceiling Fans Good Other _____
- Windows & Screens Good Other _____
- Window coverings Good Other _____
- Plugs & Switches Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

KITCHEN

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Flooring Good Other _____
- Lights Good Other _____
- Plugs & Switches Good Other _____
- Cabinets (Close properly / Condition) Good Other _____
- Drawers (Close properly / Condition) Good Other _____
- Countertops Good Other _____
- Sink & Faucet Good Other _____
- Disposal Good Other _____
- Dishwasher Good Other _____
- Microwave Good Other _____
- Refrigerator Good Other _____
- Stove Good Other _____
- Fan, filter & hood Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

DINING ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Flooring Good Other _____
- Lights & Ceiling Fans Good Other _____
- Windows & Screens Good Other _____
- Window coverings Good Other _____
- Plugs & Switches Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

MASTER BEDROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring (Note burns, tears, stains) Good Other _____
- Lights & Ceiling Fans Good Other _____
- Windows & Screens Good Other _____
- Window coverings Good Other _____
- Plugs & Switches Good Other _____
- Closet Shelves & Rods Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

Move-In / Move-Out Condition Checklist >>

BEDROOM #2

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring (Note burns, tears, stains) Good Other _____
- Lights & Ceiling Fans Good Other _____
- Windows & Screens Good Other _____
- Window coverings Good Other _____
- Plugs & Switches Good Other _____
- Closet Shelves & Rods Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

BEDROOM #3

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring (Note burns, tears, stains) Good Other _____
- Lights & Ceiling Fans Good Other _____
- Windows & Screens Good Other _____
- Window coverings Good Other _____
- Plugs & Switches Good Other _____
- Closet Shelves & Rods Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

BEDROOM #4 / DEN / LOFT

MOVE-IN CONDITION

MOVE-OUT CONDITION

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring (Note burns, tears, stains) Good Other _____
- Lights & Ceiling Fans Good Other _____
- Windows & Screens Good Other _____
- Window coverings Good Other _____
- Plugs & Switches Good Other _____
- Closet Shelves & Rods Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

BATHROOM (MASTER)

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,
paper holders secure Good Other _____
- Mirrors Good Other _____
- Medicine Cabinet Good Other _____
- Tub / Shower & Faucets Good Other _____
- Toilet Good Other _____
- Plumbing working properly Good Other _____

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Move-In / Move-Out Condition Checklist >>

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

COMMENTS: _____

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 _____

COMMENTS: _____

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 _____

COMMENTS: _____

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 _____

COMMENTS: _____

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Move-In / Move-Out Condition Checklist >>

ADDITIONAL ROOM

Room Name: _____

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

OTHER

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

COMMENTS: _____

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	_____	_____	_____	_____	_____
<input type="checkbox"/> Stove	_____	_____	_____	_____	_____
<input type="checkbox"/> Dishwasher	_____	_____	_____	_____	_____
<input type="checkbox"/> Washer	_____	_____	_____	_____	_____
<input type="checkbox"/> Dryer	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____
<input type="checkbox"/> _____	_____	_____	_____	_____	_____

COMMENTS: _____

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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. **Tenant may be present at the move-out inspection and, upon request, the Tenant shall be notified when the move-out inspection will occur.**

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

MOVE-IN

Completed on this _____ day of _____, 20_____.

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

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

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

^ LANDLORD/PROPERTY MANAGER _____ DATE _____

MOVE-OUT

Completed on this _____ day of _____, 20_____.

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

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

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

^ LANDLORD/PROPERTY MANAGER _____ DATE _____

For Broker Use Only:

Brokerage File/Log No. _____ Manager's Initials _____ Broker's Initials _____ Date _____
MO/DA/YR

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