

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 checked="" type="checkbox"/> Other | _____ |
| Front Door — Door Knob and Locks | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Other | _____ |
| Back Door — Door Knob and Locks | <input checked="" 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 checked="" type="checkbox"/> Other | _____ |
| Hot tub / Spa | <input type="checkbox"/> Good | <input checked="" type="checkbox"/> Other | _____ |
| Other: _____ | <input type="checkbox"/> Good | <input checked="" 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 checked="" 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: _____

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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: _____

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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	_____

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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

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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	_____
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____ SAMPLE

OTHER

- Heating
- A/C
- Swamp Cooler
- Filters size: _____
- Fire Sprinklers
- Security Alarm
- Smoke Detector(s)
- Carbon Monoxide Detector
- Trash Removed

	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	_____ SAMPLE
_____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ SAMPLE
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____ SAMPLE
_____	<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**

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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.

***** 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