

# MOVE-IN / MOVE-OUT CONDITION CHECKLIST



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1. **THIS CHECKLIST** is hereby made a part of the Residential Lease Agreement dated \_\_\_\_\_ by and between
2. **Landlord:** \_\_\_\_\_
3. **Tenant:** \_\_\_\_\_
4. **Premises Address:** \_\_\_\_\_
5. **Move-in Date** \_\_\_\_\_ **Move-out Date** \_\_\_\_\_
6. **Inspection Date** \_\_\_\_\_ **Inspection Date** \_\_\_\_\_
7. Complete the move-in section of this form and return it to your Landlord within five (5) days or  \_\_\_\_\_ days after occupancy.
8. 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
9. 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**
10. **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

- |  |   |                                      |       |
|--|---|--------------------------------------|-------|
| 12. Fences & Gates   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 13. Lawn (Trees / Shrubs / Landscaping)  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 14. Paint  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 15. Front Door — Door Knob and Locks   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 16. Back Door — Door Knob and Locks  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 17. Fountain   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 18. Grill  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 19. Swimming Pool  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 20. Hot tub / Spa  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 21. Other: _____   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other _____ | _____ |
| 22. Water Shut-Off Valve Located? <input type="checkbox"/> Yes <input type="checkbox"/> No | Breaker Panel Located? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                      | _____ |

23. **COMMENTS:** \_\_\_\_\_  
24. \_\_\_\_\_

### GARAGE / CARPORT

#### MOVE-IN CONDITION

#### MOVE-OUT CONDITION

- |                                 |                               |                                      |       |
|---------------------------------|-------------------------------|--------------------------------------|-------|
| 25. Ceilings, Walls, Baseboards | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 26. Floor / Driveway            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 27. Auto Door Opener            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 28. Remotes                     | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 29. Garage Door                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 30. Plugs & Switches            | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 31. Other: _____                | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |

32. **COMMENTS:** \_\_\_\_\_  
33. \_\_\_\_\_

### ENTRY & HALL

#### MOVE-IN CONDITION

#### MOVE-OUT CONDITION

- |   |                               |                                      |       |
|---|-------------------------------|--------------------------------------|-------|
| 34. Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 35. Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 36. Flooring  | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 37. Stairwell / Handrails                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 38. Light Fixtures                                  | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 39. Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |
| 40. Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other _____ | _____ |

41. **COMMENTS:** \_\_\_\_\_  
42. \_\_\_\_\_

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Move-In / Move-Out Condition Checklist >>

LIVING ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 43. Ceiling, Walls (Paint), Baseboards, Vent Covers
44. Fireplace
45. Doors (Close properly / Condition)
46. Flooring (Note burns, tears, stains)
47. Lights & Ceiling Fans
48. Windows & Screens
49. Window coverings
50. Plugs & Switches
51. Other:

52. COMMENTS:
53.

KITCHEN

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 54. Ceiling, Walls (Paint), Baseboards, Vent Covers
55. Flooring
56. Lights
57. Plugs & Switches
58. Cabinets (Close properly / Condition)
59. Drawers (Close properly / Condition)
60. Countertops
61. Sink & Faucet
62. Disposal
63. Dishwasher
64. Microwave
65. Refrigerator
66. Stove
67. Fan, filter & hood
68. Other:

69. COMMENTS:
70.

DINING ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 71. Ceiling, Walls (Paint), Baseboards, Vent Covers
72. Flooring
73. Lights & Ceiling Fans
74. Windows & Screens
75. Window coverings
76. Plugs & Switches
77. Other:

78. COMMENTS:
79.

MASTER BEDROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 80. Ceiling, Walls (Paint), Baseboards, Vent Covers
81. Doors (Close properly / Condition)
82. Flooring (Note burns, tears, stains)
83. Lights & Ceiling Fans
84. Windows & Screens
85. Window coverings
86. Plugs & Switches
87. Closet Shelves & Rods
88. Other:

89. COMMENTS:
90.

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Move-In / Move-Out Condition Checklist >>

BEDROOM #2

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 91. Ceiling, Walls (Paint), Baseboards, Vent Covers
92. Doors (Close properly / Condition)
93. Flooring (Note burns, tears, stains)
94. Lights & Ceiling Fans
95. Windows & Screens
96. Window coverings
97. Plugs & Switches
98. Closet Shelves & Rods
99. Other:

100. COMMENTS:
101.

BEDROOM #3

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 102. Ceiling, Walls (Paint), Baseboards, Vent Covers
103. Doors (Close properly / Condition)
104. Flooring (Note burns, tears, stains)
105. Lights & Ceiling Fans
106. Windows & Screens
107. Window coverings
108. Plugs & Switches
109. Closet Shelves & Rods
110. Other:

111. COMMENTS:
112.

BEDROOM #4 / DEN / LOFT

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 113. Ceiling, Walls (Paint), Baseboards, Vent Covers
114. Doors (Close properly / Condition)
115. Flooring (Note burns, tears, stains)
116. Lights & Ceiling Fans
117. Windows & Screens
118. Window coverings
119. Plugs & Switches
120. Closet Shelves & Rods
121. Other:

122. COMMENTS:
123.

BATHROOM (MASTER)

MOVE-IN CONDITION

MOVE-OUT CONDITION

- 124. Ceiling, Walls (Paint), Baseboards, Vent Covers
125. Doors (Close properly / Condition)
126. Flooring
127. Light Fixtures
128. Plugs & Switches
129. Cabinets (Close properly / Condition)
130. Countertops
131. Sinks & Faucets
132. Soap dishes, towel bars, shower rod,
133. paper holders secure
134. Mirrors
135. Medicine Cabinet
136. Tub / Shower & Faucets
137. Toilet
138. Plumbing working properly

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Move-In / Move-Out Condition Checklist >>

- 139. Linen Closet  Good  Other \_\_\_\_\_
- 140. Fan  Good  Other \_\_\_\_\_
- 141. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_
- 142. **COMMENTS:** \_\_\_\_\_
- 143. \_\_\_\_\_

**BATHROOM #2**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

- 144. Ceiling, Walls (Paint), Baseboards, Vent Covers  Good  Other \_\_\_\_\_
- 145. Doors (Close properly / Condition)  Good  Other \_\_\_\_\_
- 146. Flooring  Good  Other \_\_\_\_\_
- 147. Light Fixtures  Good  Other \_\_\_\_\_
- 148. Plugs & Switches  Good  Other \_\_\_\_\_
- 149. Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_
- 150. Countertops  Good  Other \_\_\_\_\_
- 151. Sinks & Faucets  Good  Other \_\_\_\_\_
- 152. Soap dishes, towel bars, shower rod  Good  Other \_\_\_\_\_
- 153. Tub / Shower & Faucets  Good  Other \_\_\_\_\_
- 154. Toilet  Good  Other \_\_\_\_\_
- 155. Plumbing working properly  Good  Other \_\_\_\_\_
- 156. Fan  Good  Other \_\_\_\_\_
- 157. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_
- 158. **COMMENTS:** \_\_\_\_\_
- 159. \_\_\_\_\_

**BATHROOM #3**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

- 160. Ceiling, Walls (Paint), Baseboards, Vent Covers  Good  Other \_\_\_\_\_
- 161. Doors (Close properly / Condition)  Good  Other \_\_\_\_\_
- 162. Flooring  Good  Other \_\_\_\_\_
- 163. Light Fixtures  Good  Other \_\_\_\_\_
- 164. Plugs & Switches  Good  Other \_\_\_\_\_
- 165. Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_
- 166. Countertops  Good  Other \_\_\_\_\_
- 167. Sinks & Faucets  Good  Other \_\_\_\_\_
- 168. Soap dishes, towel bars, shower rod  Good  Other \_\_\_\_\_
- 169. Tub / Shower & Faucets  Good  Other \_\_\_\_\_
- 170. Toilet  Good  Other \_\_\_\_\_
- 171. Plumbing working properly  Good  Other \_\_\_\_\_
- 172. Fan  Good  Other \_\_\_\_\_
- 173. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_
- 174. **COMMENTS:** \_\_\_\_\_
- 175. \_\_\_\_\_

**UTILITY / LAUNDRY ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

- 176. Fan  Good  Other \_\_\_\_\_
- 177. Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_
- 178. Sink  Good  Other \_\_\_\_\_
- 179. Washer  Good  Other \_\_\_\_\_
- 180. Dryer  Good  Other \_\_\_\_\_
- 181. Washer / Dryer Hookups  Good  Other \_\_\_\_\_
- 182. Dryer Vent  Good  Other \_\_\_\_\_
- 183. Flooring (Note burns, tears, stains)  Good  Other \_\_\_\_\_
- 184. Doors (Close properly / Condition)  Good  Other \_\_\_\_\_
- 185. Switches  Good  Other \_\_\_\_\_
- 186. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_
- 187. **COMMENTS:** \_\_\_\_\_
- 188. \_\_\_\_\_

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Move-In / Move-Out Condition Checklist >>

ADDITIONAL ROOM

189. Room Name: \_\_\_\_\_

	MOVE-IN CONDITION	MOVE-OUT CONDITION
190. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
191. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
192. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
193. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
194. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
195. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
196. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
197. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
198. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

OTHER

	MOVE-IN CONDITION	MOVE-OUT CONDITION
199. Heating	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
200. A/C	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
201. Swamp Cooler	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
202. Filters size: _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
203. Fire Sprinklers	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
204. Security Alarm	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
205. Smoke Detector(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
206. Carbon Monoxide Detector	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
207. Trash Removed	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____
208. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
209. _____	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

210. COMMENTS: \_\_\_\_\_

211. \_\_\_\_\_

FIXTURE / PERSONAL PROPERTY INVENTORY

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

	QUANTITY	BRAND	COLOR	SERIAL #	CONDITION
213. <input type="checkbox"/> Refrigerator	_____	_____	_____	_____	_____
214. <input type="checkbox"/> Stove	_____	_____	_____	_____	_____
215. <input type="checkbox"/> Dishwasher	_____	_____	_____	_____	_____
216. <input type="checkbox"/> Washer	_____	_____	_____	_____	_____
217. <input type="checkbox"/> Dryer	_____	_____	_____	_____	_____
218. <input type="checkbox"/> _____	_____	_____	_____	_____	_____
219. <input type="checkbox"/> _____	_____	_____	_____	_____	_____
220. <input type="checkbox"/> _____	_____	_____	_____	_____	_____
221. <input type="checkbox"/> _____	_____	_____	_____	_____	_____

222. COMMENTS: \_\_\_\_\_

223. \_\_\_\_\_

224. \_\_\_\_\_

225. \_\_\_\_\_

226. \_\_\_\_\_

227. \_\_\_\_\_

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**Move-In / Move-Out Condition Checklist >>**

228. 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.

230. **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**

234. Completed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

235. \_\_\_\_\_  
^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

236. \_\_\_\_\_  
^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

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

238. \_\_\_\_\_  
^ LANDLORD/PROPERTY MANAGER DATE

**MOVE-OUT**

239. Completed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

240. \_\_\_\_\_  
^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

241. \_\_\_\_\_  
^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

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

243. \_\_\_\_\_  
^ LANDLORD/PROPERTY MANAGER DATE

**For Broker Use Only:**

Brokerage File/Log No. \_\_\_\_\_ Manager's Initials \_\_\_\_\_ Broker's Initials \_\_\_\_\_ Date \_\_\_\_\_  
MO/DAY/YR