

MOVE-IN / MOVE-OUT CONDITION CHECKLIST

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line numbers
change

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**
11. **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	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
44.	Fireplace	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
45.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
46.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
47.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
48.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
49.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
50.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
51.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
52.	COMMENTS: _____			
53.	_____			

KITCHEN**MOVE-IN CONDITION****MOVE-OUT CONDITION**

54.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
55.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
56.	Lights	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
57.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
58.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
59.	Drawers (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
60.	Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
61.	Sink & Faucet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
62.	Disposal	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
63.	Dishwasher	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
64.	Microwave	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
65.	Refrigerator	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
66.	Stove	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
67.	Fan, filter & hood	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
68.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
69.	COMMENTS: _____			
70.	_____			

DINING ROOM**MOVE-IN CONDITION****MOVE-OUT CONDITION**

71.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
72.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
73.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
74.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
75.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
76.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
77.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
78.	COMMENTS: _____			
79.	_____			

MASTER-PRIMARY BEDROOM**MOVE-IN CONDITION****MOVE-OUT CONDITION**

80.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
81.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
82.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
83.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
84.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
85.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
86.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
87.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
88.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> 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	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
92.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
93.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
94.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
95.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
96.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
97.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
98.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
99.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
100.	COMMENTS: _____			
101.	_____			

BEDROOM #3**MOVE-IN CONDITION****MOVE-OUT CONDITION**

102.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
103.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
104.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
105.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
106.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
107.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
108.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
109.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
110.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
111.	COMMENTS: _____			
112.	_____			

BEDROOM #4 / DEN / LOFT**MOVE-IN CONDITION****MOVE-OUT CONDITION**

113.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
114.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
115.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
116.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
117.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
118.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
119.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
120.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
121.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
122.	COMMENTS: _____			
123.	_____			

BATHROOM (PRIMARY-MASTER)**MOVE-IN CONDITION****MOVE-OUT CONDITION**

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

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Move-In / Move-Out Condition Checklist >>

139.	Linen Closet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
140.	Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
141.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
142.	COMMENTS: _____			
143.	_____			

BATHROOM #2**MOVE-IN CONDITION****MOVE-OUT CONDITION**

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

BATHROOM #3**MOVE-IN CONDITION****MOVE-OUT CONDITION**

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

UTILITY / LAUNDRY ROOM**MOVE-IN CONDITION****MOVE-OUT CONDITION**

176.	Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
177.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
178.	Sink	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
179.	Washer	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
180.	Dryer	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
181.	Washer / Dryer Hookups	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
182.	Dryer Vent	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
183.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
184.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
185.	Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
186.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
187.	COMMENTS: _____			
188.	_____ >>			

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
229. 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
231. receiving a copy hereof. Tenant understands that unless otherwise noted, all discrepancies will be Tenant's responsibility and will be
232. deducted from the security deposit at time of move out. Tenant may be present at the move-out inspection and, upon request, the Tenant
233. 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