

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
9. equipment. **This form is not a repair request.** Submit all requests for repairs separately in accordance with your lease. You and your
10. 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? Yes No Breaker Panel Located? Yes 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

- | | | |
|---|--|-------|
| 35. Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |
| 36. Doors (Close properly / Condition) | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |
| 37. Flooring | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |
| 38. Stairwell / Handrails | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |
| 39. Light Fixtures | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |
| 40. Closet Shelves & Rods | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |
| 41. Other: _____ | <input type="checkbox"/> Good <input type="checkbox"/> Other | _____ |

42. **COMMENTS:** _____



LIVING ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

KITCHEN

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

DINING ROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

MASTER BEDROOM

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

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BEDROOM #2

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

100. **COMMENTS:** _____

101. _____

BEDROOM #3

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

111. **COMMENTS:** _____

112. _____

BEDROOM #4 / DEN / LOFT

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

122. **COMMENTS:** _____

123. _____

BATHROOM (MASTER)

MOVE-IN CONDITION

MOVE-OUT CONDITION

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

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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	<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. _____		



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/DA/YR

