

MOVE-IN / MOVE-OUT CONDITION

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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

MOVE-IN

MOVE-OUT

- Fences & Gates Good Other _____
- Lawn (Trees / Shrubs / Landscaping) Good Other _____
- Paint Good Other _____
- Front Door — Door Knob and Locks Good Other _____
- Back Door — Door Knob and Locks Good Other _____
- Fountain Good Other _____
- Grill Good Other _____
- Swimming Pool Good Other _____
- Hot tub / Spa Good Other _____
- Other: _____ Good Other _____

Water Shut-Off Valve Located? Yes No Breaker Panel Located? Yes No

COMMENTS: _____

GARAGE / CARPORT

MOVE-IN

MOVE-OUT

- Ceilings, Walls, Baseboards Good Other _____
- Floor / Driveway Good Other _____
- Auto Door Opener Good Other _____
- Remotes Good Other _____
- Garage Door Good Other _____
- Plugs & Switches Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____

ENTRY & HALL

MOVE-IN

MOVE-OUT

- Ceiling, Walls (Paint), Baseboards, Vent Covers Good Other _____
- Doors (Close properly / Condition) Good Other _____
- Flooring Good Other _____
- Stairwell / Handrails Good Other _____
- Light Fixtures Good Other _____
- Closet Shelves & Rods Good Other _____
- Other: _____ Good Other _____

COMMENTS: _____ >>



LIVING ROOM

MOVE-IN

MOVE-OUT

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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

MOVE-OUT

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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

MOVE-OUT

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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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BEDROOM #2

MOVE-IN

MOVE-OUT

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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: _____

BEDROOM #3

MOVE-IN

MOVE-OUT

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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: _____

BEDROOM #4 / DEN / LOFT

MOVE-IN

MOVE-OUT

| | | | | |
|---|-------------------------------|--------------------------------|-------|-------|
| 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: _____

BATHROOM (MASTER)

MOVE-IN

MOVE-OUT

| | | | | |
|--|-------------------------------|--------------------------------|-------|-------|
| 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 | _____ | _____ |
| Light Fixtures | <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 | _____ | _____ |
| Countertops | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Sinks & Faucets | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 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 | _____ | _____ |
| Toilet | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| Plumbing working properly | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |



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

COMMENTS: _____

BATHROOM

MOVE-IN

MOVE-OUT

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

MOVE-IN

MOVE-OUT

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

MOVE-IN

MOVE-OUT

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: _____



ADDITIONAL

Room Name: _____

| | MOVE-IN | | MOVE-OUT |
|-------|--|-------|-----------------|
| _____ | <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 | | MOVE-OUT |
|--------------------------|--|-------|-----------------|
| 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

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

| | QUANTIT | BRAN | COLO | SERIAL | CONDITIO |
|---------------------------------------|----------------|-------------|-------------|---------------|-----------------|
| <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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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 _____, _____.

^ 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 _____, _____.

^ 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

