

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? <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

- | | | |
|---|--|-------|
| 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	<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 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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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 (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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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. _____



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. _____

>>



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
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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
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For Broker Use Only:

Brokerage File/Log No. _____ Manager's Initials _____ Broker's Initials _____ Date _____
MO/DA/YR

