

# 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. <b>COMMENTS:</b> _____				
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. <b>COMMENTS:</b> _____				
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. <b>COMMENTS:</b> _____				
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. <b>COMMENTS:</b> _____				
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  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.	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
200.	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
201.	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
202.	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____
203.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
204.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
205.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
206.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	_____
207.	<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

**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

