

# 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	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____

**COMMENTS:** \_\_\_\_\_

**BATHROOM**

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	<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	_____	_____
Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____

**COMMENTS:** \_\_\_\_\_

**BATHROOM**

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	<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	_____	_____
Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____

**COMMENTS:** \_\_\_\_\_

**UTILITY / LAUNDRY**

MOVE-IN

MOVE-OUT

Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Sink	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Washer	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Dryer	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Washer / Dryer Hookups	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Dryer Vent	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> 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 \*\*\***

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**MOVE-IN**

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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

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**MOVE-OUT**

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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

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<b>For Broker Use Only:</b> Brokerage File/Log No. _____ Manager's Initials _____ Broker's Initials _____ Date _____ <span style="float: right;">MO/DA/YR</span>
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