

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 ☒ 10 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 ☐ 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	<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	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
140.	Fan	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
141.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> 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.	_____				



Move-In / Move-Out Condition Checklist >>

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 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 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. Tenant may be present at the move-out inspection and, upon request, the Tenant 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

