



# MOVE IN / MOVE OUT INSPECTION

(C.A.R. Form MIMO, Revised 4/03)

Property Address \_\_\_\_\_ Unit No. \_\_\_\_\_  
 Inspection: Move In \_\_\_\_\_ (Date) Move Out \_\_\_\_\_ (Date)  
 Tenant(s) \_\_\_\_\_

When completing this form, check the Premises carefully and be specific in all items notes. Check the appropriate box:  
**N - NEW    S - SATISFACTORY/CLEAN    O - OTHER    D - DEPOSIT DEDUCTION**

|                            | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|----------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                            | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Front Yard/Exterior</b> |                          |                          |                          |          |                          |                          |                          |          |
| Landscaping                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Fences/Gates               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Sprinklers/Timers          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Walks/Driveway             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Porches/Stairs             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Mailbox                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Building Exterior          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

|                       |                          |                          |                          |       |                          |                          |                          |       |
|-----------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Entry</b>          |                          |                          |                          |       |                          |                          |                          |       |
| Security/Screen Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Doors/Knobs/Locks     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flooring/Baseboards   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                       |                          |                          |                          |       |                          |                          |                          |       |
|-----------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Living Room</b>    |                          |                          |                          |       |                          |                          |                          |       |
| Doors/Knobs/Locks     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flooring/Baseboards   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Window Coverings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows/Locks/Screens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fireplace Equipment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                       |                          |                          |                          |       |                          |                          |                          |       |
|-----------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Dining Room</b>    |                          |                          |                          |       |                          |                          |                          |       |
| Flooring/Baseboards   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Window Coverings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows/Locks/Screens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

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**MIMO REVISED 4/03 (PAGE 1 OF 5)**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



**MOVE IN / MOVE OUT INSPECTION (MIMO PAGE 1 OF 5)**

|                                   |                              |                           |
|-----------------------------------|------------------------------|---------------------------|
| Agent: <b>Stephen J. Hanleigh</b> | Phone: <b>(408)279-8484</b>  | Fax: <b>(408)279-8408</b> |
| Broker: <b>Realty Center</b>      | 1352 Lincoln Ave. , San Jose | CA 95125                  |

Prepared using WINForms® software

Property Address \_\_\_\_\_ Date: \_\_\_\_\_

|                       | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|-----------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                       | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Other Room</b>     |                          |                          |                          |          |                          |                          |                          |          |
| Doors/Knobs/Locks     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Flooring/Baseboards   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Walls/Ceilings        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Window Coverings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Windows/Locks/Screens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures/Fans   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Switches/Outlets      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

|                        |                          |                          |                          |       |                          |                          |                          |       |
|------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Bedroom # _____</b> |                          |                          |                          |       |                          |                          |                          |       |
| Doors/Knobs/Locks      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flooring/Baseboards    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Window Coverings       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows/Locks/Screens  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Closets/Doors/Tracks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                        |                          |                          |                          |       |                          |                          |                          |       |
|------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Bedroom # _____</b> |                          |                          |                          |       |                          |                          |                          |       |
| Doors/Knobs/Locks      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flooring/Baseboards    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Window Coverings       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows/Locks/Screens  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Closets/Doors/Tracks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                        |                          |                          |                          |       |                          |                          |                          |       |
|------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Bedroom # _____</b> |                          |                          |                          |       |                          |                          |                          |       |
| Doors/Knobs/Locks      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flooring/Baseboards    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Window Coverings       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows/Locks/Screens  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Closets/Doors/Tracks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                        |                          |                          |                          |       |                          |                          |                          |       |
|------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Bedroom # _____</b> |                          |                          |                          |       |                          |                          |                          |       |
| Doors/Knobs/Locks      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Flooring/Baseboards    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Window Coverings       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Windows/Locks/Screens  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures/Fans    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Closets/Doors/Tracks   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_



Property Address \_\_\_\_\_ Date: \_\_\_\_\_

|                          | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                          | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Bath #</b> _____      |                          |                          |                          |          |                          |                          |                          |          |
| Doors/Knobs/Locks        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Flooring/Baseboards      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Walls/Ceilings           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Window Coverings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Windows/Locks/Screens    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Switches/Outlets         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Toilet                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Tub/Shower               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Shower Door/Rail/Curtain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Sink/Faucets             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Plumbing/Drains          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Exhaust Fan              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Towel Rack(s)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Toilet Paper Holder      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Cabinets/Counters        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

|                          | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                          | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Bath #</b> _____      |                          |                          |                          |          |                          |                          |                          |          |
| Doors/Knobs/Locks        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Flooring/Baseboards      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Walls/Ceilings           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Window Coverings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Windows/Locks/Screens    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Switches/Outlets         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Toilet                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Tub/Shower               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Shower Door/Rail/Curtain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Sink/Faucets             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Plumbing/Drains          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Exhaust Fan              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Towel Rack(s)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Toilet Paper Holder      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Cabinets/Counters        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

|                          | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|--------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                          | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Bath #</b> _____      |                          |                          |                          |          |                          |                          |                          |          |
| Doors/Knobs/Locks        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Flooring/Baseboards      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Walls/Ceilings           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Window Coverings         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Windows/Locks/Screens    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Switches/Outlets         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Toilet                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Tub/Shower               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Shower Door/Rail/Curtain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Sink/Faucets             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Plumbing/Drains          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Exhaust Fan              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Towel Rack(s)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Toilet Paper Holder      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Cabinets/Counters        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )



Property Address \_\_\_\_\_ Date: \_\_\_\_\_

|                       | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|-----------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                       | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Kitchen</b>        |                          |                          |                          |          |                          |                          |                          |          |
| Flooring/Baseboards   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Walls/Ceilings        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Window Coverings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Windows/Locks/Screens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Switches/Outlets      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Range/Fan/Hood        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Oven(s)/Microwave     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Refrigerator          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Dishwasher            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Sink/Disposal         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Faucet(s)/Plumbing    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Cabinets              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Counters              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

|                     |                          |                          |                          |       |                          |                          |                          |       |
|---------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Hall/Stairs</b>  |                          |                          |                          |       |                          |                          |                          |       |
| Flooring/Baseboards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Walls/Ceilings      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Light Fixtures      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Switches/Outlets    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Closets/Cabinets    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Railings/Banisters  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                   |                          |                          |                          |       |                          |                          |                          |       |
|-------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Laundry</b>    |                          |                          |                          |       |                          |                          |                          |       |
| Faucets/Valves    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Plumbing/Drains   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Cabinets/Counters | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                    |                          |                          |                          |       |                          |                          |                          |       |
|--------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Systems</b>     |                          |                          |                          |       |                          |                          |                          |       |
| Furnace/Thermostat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Air Conditioning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Water Heater       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Water Softener     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

**Other** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Tenant's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )



Property Address \_\_\_\_\_ Date: \_\_\_\_\_

|                           | MOVE IN                  |                          |                          | Comments | MOVE OUT                 |                          |                          | Comments |
|---------------------------|--------------------------|--------------------------|--------------------------|----------|--------------------------|--------------------------|--------------------------|----------|
|                           | N                        | S                        | O                        |          | S                        | O                        | D                        |          |
| <b>Garage/Parking</b>     |                          |                          |                          |          |                          |                          |                          |          |
| Garage Door               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Other Door(s)             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Driveway/Floor            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Cabinets/Counters         | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Light Fixtures            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Switches/Outlets          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Electrical/Exposed Wiring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Window(s)                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| Other Storage/Shelving    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |

|                       |                          |                          |                          |       |                          |                          |                          |       |
|-----------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Back/Side/Yard</b> |                          |                          |                          |       |                          |                          |                          |       |
| Patio/Deck/Balcony    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Patio Cover(s)        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Landscaping           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Sprinklers/Timers     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Pool/Heater/Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Spa/Cover/Equipment   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Fences/Gates          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

|                        |                          |                          |                          |       |                          |                          |                          |       |
|------------------------|--------------------------|--------------------------|--------------------------|-------|--------------------------|--------------------------|--------------------------|-------|
| <b>Safety/Security</b> |                          |                          |                          |       |                          |                          |                          |       |
| Smoke/CO Detector(s)   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Security System        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| Security Window Bars   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ |

**Personal Property**

\_\_\_\_\_

\_\_\_\_\_

**Keys/Remotes/Devices**

Keys \_\_\_\_\_

Remotes/Devices \_\_\_\_\_

Attached Supplement(s) \_\_\_\_\_

**THIS SECTION TO BE COMPLETED AT MOVE IN:** Receipt of a copy of this form is acknowledged by:

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

New Phone Service Established?  Yes  No      New Phone Number \_\_\_\_\_

Landlord (Owner or Agent) \_\_\_\_\_ Date \_\_\_\_\_

Landlord \_\_\_\_\_

(Print Name)

**THIS SECTION TO BE COMPLETED AT MOVE OUT:** Receipt of a copy of this form is acknowledged by:

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant Forwarding Address \_\_\_\_\_

\_\_\_\_\_

Landlord (Owner or Agent) \_\_\_\_\_ Date \_\_\_\_\_

Landlord \_\_\_\_\_

(Print Name)

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