

## UNIT CONDITION CHECKLIST

Property: \_\_\_\_\_

Residents: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

Move-Out Date: \_\_\_\_\_

General Condition Of Room	Move-In Condition Circle: good, fair, bad	Move-In Comments	Move-Out Condition Circle: good, fair, bad	Move-Out Comments	Estimated Cost to Repair
<b>LIVING ROOM</b>					
Carpet & Vinyl/Tile	G F B		G F B		\$
Baseboards	G F B		G F B		\$
Window Coverings	G F B		G F B		\$
Walls & Ceilings	G F B		G F B		\$
Light Fixture	G F B		G F B		\$
Electrical Switches, Outlets	G F B		G F B		\$
Windows, Screens & Doors	G F B		G F B		\$
Front Door & Locks	G F B		G F B		\$
Fireplace	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$
<b>KITCHEN</b>					
Carpet & Vinyl/Tile	G F B		G F B		\$
Baseboards	G F B		G F B		\$
Electrical Switches, Outlet	G F B		G F B		\$
Windows, Screens & Doors	G F B		G F B		\$
Walls & Ceilings	G F B		G F B		\$
Light Fixtures	G F B		G F B		\$
Cabinets	G F B		G F B		\$
Counters	G F B		G F B		\$
Stove	G F B		G F B		\$
Oven	G F B		G F B		\$
Refrigerator	G F B		G F B		\$
Dishwasher	G F B		G F B		\$
Sink & Disposal	G F B		G F B		\$
Plumbing	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$
<b>FURNITURE</b>					
Sofa	G F B		G F B		\$
Loveseat	G F B		G F B		\$
Easy Chair	G F B		G F B		\$
End Table	G F B		G F B		\$
Coffee Table	G F B		G F B		\$
Lamps/Lamp Shade	G F B		G F B		\$
Dining Table/Chairs	G F B		G F B		\$
Bed Frame/Head Board	G F B		G F B		\$
Mattress/Box Spring	G F B		G F B		\$
Dresser w/ Mirror	G F B		G F B		\$
Dresser Chest	G F B		G F B		\$
Nightstand	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$

(initial) Resident(s) acknowledge that all smoke detectors were tested and found to be in working order and that the testing procedure was explained to them. Resident agree to test all detectors at least once a month to report any problems to Agent/Broker in writing. Residents agree to replace all smoke detector batteries as necessary.

## UNIT CONDITION CHECKLIST

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Residents: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

Move-Out Date: \_\_\_\_\_

This Unit Condition Checklist is for the Residents' protection. When completing this form, be specific and check carefully. Among things to look for are dust, dirt, grease, stains, burns, damages and wear. Use additional paper if necessary. ARS Section § 33-1321 provides that a security deposit is refundable to the extent not used for unpaid rent, damages and reasonable cleaning charges. It also provides that the Resident may be present at the move-in/move-out inspection, upon request by the Resident. The Agent/Broker must notify the Resident when the move-out inspection will occur.

**THIS DOES NOT APPLY IF THE RESIDENT HAS BEEN EVICTED FOR A MATERIAL AND IRRPARABLE BREACH.**

General Condition Of Room	Move-In Condition Circle: good, fair, bad	Move-In Comments	Move-Out Condition Circle: good, fair, bad	Move-Out Comments	Estimated Cost to Repair
<b>BEDROOM 1</b>					
Carpet & Vinyl/Tile	G F B		G F B		\$
Baseboards	G F B		G F B		\$
Windows, Screens & Doors	G F B		G F B		\$
Walls & Ceilings	G F B		G F B		\$
Light Fixtures	G F B		G F B		\$
Electrical Switches, Outlets	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$
<b>BEDROOM 2</b>					
Carpet & Vinyl/Tile	G F B		G F B		\$
Baseboards	G F B		G F B		\$
Windows, Screens & Doors	G F B		G F B		\$
Walls & Ceilings	G F B		G F B		\$
Light Fixture	G F B		G F B		\$
Electrical Switches, Outlets	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$
<b>BATHROOM(S)</b>					
Carpet & Vinyl/Tile	G F B		G F B		\$
Baseboards	G F B		G F B		\$
Walls & Ceilings	G F B		G F B		\$
Light Fixture	G F B		G F B		\$
Electrical Switches, Outlets	G F B		G F B		\$
Bathtub/Showers	G F B		G F B		\$
Sink & Counters	G F B		G F B		\$
Cabinet	G F B		G F B		\$
Toilet	G F B		G F B		\$
Medicine Cabinet	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$
<b>DINING ROOM</b>					
Carpet & Vinyl/Tile	G F B		G F B		\$
Baseboards	G F B		G F B		\$
Walls & Ceilings	G F B		G F B		\$
Light Fixtures	G F B		G F B		\$
Electrical Switches, Outlets	G F B		G F B		\$
Windows, Screens & Doors	G F B		G F B		\$
Other	G F B		G F B		\$

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Move-Out Date: \_\_\_\_\_

General Condition Of Room	Move-In Condition Circle: good, fair, bad	Move-In Comments	Move-Out Condition Circle: good, fair, bad	Move-Out Comments	Estimated Cost to Repair
<b>OTHER AREAS</b>					
Furnace/Heater	G F B		G F B		\$
Lawn/Ground Covering	G F B		G F B		\$
Garden	G F B		G F B		\$
Patio, Terrace, Deck, etc.	G F B		G F B		\$
Storage Room	G F B		G F B		\$
Other	G F B		G F B		\$
Other	G F B		G F B		\$
<b>TOTAL</b>			<b>G F B</b>		<b>\$</b>

Range/Oven	\$40	Mini Blinds (per window)	\$15
Oven	\$15	Remove Trash/Furniture	\$5 / bag \$5/item
Interior/Shelves		Scrub Floor (per room)	\$20
Broiler Pan	\$15	Tub/Shower (each)	\$25
Refrigerator	\$30	Cabinets & Drawers (each)	\$ 1
Kitchen Sink	\$15	Empty Cabinets/ Drawers	\$10
Empty Refrigerator	\$25	Light Fixtures	\$25
Clean Refrigerator	\$15	Bathroom Sink (each)	\$20
Defrost Freezer	\$25	Toilet (each)	\$25
Vacuum ) per room	\$15	Fireplace	\$30
Patio	\$15	Carpet	\$50
Storage Area	\$20		
Remove Shelf Paper	\$25		

Replace Mail Box Lock	\$20	Missing Light Bulb (each)	\$ 1
New Mail Box Key	\$10	Light Fixtures	\$25
New Residence Key	\$10	Missing Drip Pan	\$ 5
Replace Residence Lock	\$65	Missing Oven Rack	\$25
Living Room Blinds	\$50	Missing Stove Trim Ring	\$ 5
Bedroom Blinds	\$40	Drywall Repair Fist size	\$25
Picture Window	\$100	Drywall Repair Larger than Fist	\$50
Living Room Slider	\$50	Door Replacement	\$75
Bedroom Slider	\$50	Window Screens	\$25
<b>Broken Window</b>			
Damage to Walls or Doors		Cost to Repair/Replace	
Carpet -- Burns, Stains, Rips etc.		Cost to Repair/Replace	
Furniture -- Broken, Damage etc.		Cost to Repair/Replace	

**MOVE-IN COMMENTS:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Condition Check list completed upon move-in  
on \_\_\_\_\_, 20\_\_\_\_.

**\*\*Unless this form is completed and submitted to the manager's office within 48 hours of move-in date, the Residence will be considered in good move-in condition.**

Resident \_\_\_\_\_

Resident \_\_\_\_\_

Resident \_\_\_\_\_

Resident \_\_\_\_\_

Agent/Broker \_\_\_\_\_

**MOVE-OUT COMMENTS:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unit Condition Check list completed upon move-out  
on \_\_\_\_\_, 20\_\_\_\_.

Resident \_\_\_\_\_

Resident \_\_\_\_\_

Resident \_\_\_\_\_

Resident \_\_\_\_\_

Agent/Broker \_\_\_\_\_