

# MOVE-IN / MOVE-OUT CONDITION CHECKLIST



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1. **THIS CHECKLIST** is hereby made a part of the Residential Lease Agreement dated \_\_\_\_\_ by and between
2. **Landlord:** \_\_\_\_\_
3. **Tenant:** \_\_\_\_\_
4. **Premises Address:** \_\_\_\_\_
5. **Move-in Date** \_\_\_\_\_ **Move-out Date** \_\_\_\_\_
6. **Inspection Date** \_\_\_\_\_ **Inspection Date** \_\_\_\_\_
7. Complete the move-in section of this form and return it to your Landlord within five (5) days or  \_\_\_\_\_ days after occupancy.
8. All items are deemed to be in good condition unless noted otherwise. Test all locks, window latches, smoke detectors, and
9. equipment. **This form is not a repair request.** Submit all requests for repairs separately in accordance with your lease. You and your
10. Landlord will also use this form upon move-out. Keep a copy for your records. Note any defects in the items listed below. **If you fail to**
11. **return this form you will be held responsible for any damages, and you will be accepting the Premises in its current condition.**

## EXTERIOR ITEMS

### MOVE-IN CONDITION

### MOVE-OUT CONDITION

- |  |   |                                |       |       |
|--|---|--------------------------------|-------|-------|
| 12. Fences & Gates   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 13. Lawn (Trees / Shrubs / Landscaping)  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 14. Paint  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 15. Front Door — Door Knob and Locks   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 16. Back Door — Door Knob and Locks  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 17. Fountain   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 18. Grill  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 19. Swimming Pool  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 20. Hot tub / Spa  | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 21. Other: _____   | <input type="checkbox"/> Good   | <input type="checkbox"/> Other | _____ | _____ |
| 22. Water Shut-Off Valve Located? <input type="checkbox"/> Yes <input type="checkbox"/> No | Breaker Panel Located? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                | _____ | _____ |

23. **COMMENTS:** \_\_\_\_\_  
24. \_\_\_\_\_

## GARAGE / CARPORT

### MOVE-IN CONDITION

### MOVE-OUT CONDITION

- |                                 |                               |                                |       |       |
|---------------------------------|-------------------------------|--------------------------------|-------|-------|
| 25. Ceilings, Walls, Baseboards | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 26. Floor / Driveway            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 27. Auto Door Opener            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 28. Remotes                     | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 29. Garage Door                 | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 30. Plugs & Switches            | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 31. Other: _____                | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |

32. **COMMENTS:** \_\_\_\_\_  
33. \_\_\_\_\_

## ENTRY & HALL

### MOVE-IN CONDITION

### MOVE-OUT CONDITION

- |   |                               |                                |       |       |
|---|-------------------------------|--------------------------------|-------|-------|
| 34. Ceiling, Walls (Paint), Baseboards, Vent Covers | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 35. Doors (Close properly / Condition)              | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 36. Flooring  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 37. Stairwell / Handrails                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 38. Light Fixtures                                  | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 39. Closet Shelves & Rods                           | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |
| 40. Other: _____                                    | <input type="checkbox"/> Good | <input type="checkbox"/> Other | _____ | _____ |

41. **COMMENTS:** \_\_\_\_\_  
42. \_\_\_\_\_



**LIVING ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

43.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
44.	Fireplace	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
45.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
46.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
47.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
48.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
49.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
50.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
51.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
52.	<b>COMMENTS:</b> _____				
53.	_____				

**KITCHEN**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

54.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
55.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
56.	Lights	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
57.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
58.	Cabinets (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
59.	Drawers (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
60.	Countertops	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
61.	Sink & Faucet	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
62.	Disposal	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
63.	Dishwasher	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
64.	Microwave	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
65.	Refrigerator	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
66.	Stove	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
67.	Fan, filter & hood	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
68.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
69.	<b>COMMENTS:</b> _____				
70.	_____				

**DINING ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

71.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
72.	Flooring	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
73.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
74.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
75.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
76.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
77.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
78.	<b>COMMENTS:</b> _____				
79.	_____				

**MASTER BEDROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

80.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
81.	Doors (Close properly / Condition)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
82.	Flooring (Note burns, tears, stains)	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
83.	Lights & Ceiling Fans	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
84.	Windows & Screens	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
85.	Window coverings	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
86.	Plugs & Switches	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
87.	Closet Shelves & Rods	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
88.	Other: _____	<input type="checkbox"/> Good	<input type="checkbox"/> Other	_____	_____
89.	<b>COMMENTS:</b> _____				
90.	_____				

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**BEDROOM #2**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

91.	Ceiling, Walls (Paint), Baseboards, Vent Covers	<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.	<b>COMMENTS:</b> _____				
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.	<b>COMMENTS:</b> _____				
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.	<b>COMMENTS:</b> _____				
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  Good  Other \_\_\_\_\_

140. Fan  Good  Other \_\_\_\_\_

141. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

142. **COMMENTS:** \_\_\_\_\_

143. \_\_\_\_\_

**BATHROOM #2**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

144. Ceiling, Walls (Paint), Baseboards, Vent Covers  Good  Other \_\_\_\_\_

145. Doors (Close properly / Condition)  Good  Other \_\_\_\_\_

146. Flooring  Good  Other \_\_\_\_\_

147. Light Fixtures  Good  Other \_\_\_\_\_

148. Plugs & Switches  Good  Other \_\_\_\_\_

149. Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_

150. Countertops  Good  Other \_\_\_\_\_

151. Sinks & Faucets  Good  Other \_\_\_\_\_

152. Soap dishes, towel bars, shower rod  Good  Other \_\_\_\_\_

153. Tub / Shower & Faucets  Good  Other \_\_\_\_\_

154. Toilet  Good  Other \_\_\_\_\_

155. Plumbing working properly  Good  Other \_\_\_\_\_

156. Fan  Good  Other \_\_\_\_\_

157. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

158. **COMMENTS:** \_\_\_\_\_

159. \_\_\_\_\_

**BATHROOM #3**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

160. Ceiling, Walls (Paint), Baseboards, Vent Covers  Good  Other \_\_\_\_\_

161. Doors (Close properly / Condition)  Good  Other \_\_\_\_\_

162. Flooring  Good  Other \_\_\_\_\_

163. Light Fixtures  Good  Other \_\_\_\_\_

164. Plugs & Switches  Good  Other \_\_\_\_\_

165. Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_

166. Countertops  Good  Other \_\_\_\_\_

167. Sinks & Faucets  Good  Other \_\_\_\_\_

168. Soap dishes, towel bars, shower rod  Good  Other \_\_\_\_\_

169. Tub / Shower & Faucets  Good  Other \_\_\_\_\_

170. Toilet  Good  Other \_\_\_\_\_

171. Plumbing working properly  Good  Other \_\_\_\_\_

172. Fan  Good  Other \_\_\_\_\_

173. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

174. **COMMENTS:** \_\_\_\_\_

175. \_\_\_\_\_

**UTILITY / LAUNDRY ROOM**

**MOVE-IN CONDITION**

**MOVE-OUT CONDITION**

176. Fan  Good  Other \_\_\_\_\_

177. Cabinets (Close properly / Condition)  Good  Other \_\_\_\_\_

178. Sink  Good  Other \_\_\_\_\_

179. Washer  Good  Other \_\_\_\_\_

180. Dryer  Good  Other \_\_\_\_\_

181. Washer / Dryer Hookups  Good  Other \_\_\_\_\_

182. Dryer Vent  Good  Other \_\_\_\_\_

183. Flooring (Note burns, tears, stains)  Good  Other \_\_\_\_\_

184. Doors (Close properly / Condition)  Good  Other \_\_\_\_\_

185. Switches  Good  Other \_\_\_\_\_

186. Other: \_\_\_\_\_  Good  Other \_\_\_\_\_

187. **COMMENTS:** \_\_\_\_\_

188. \_\_\_\_\_



**ADDITIONAL ROOM**

189. Room Name: \_\_\_\_\_

	MOVE-IN CONDITION	MOVE-OUT CONDITION
190.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
191.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
192.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
193.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
194.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
195.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
196.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
197.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____
198.	<input type="checkbox"/> Good <input type="checkbox"/> Other	_____

**OTHER**

	MOVE-IN CONDITION	MOVE-OUT CONDITION
199.	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
- 229. in Landlord's possession. Tenant may take video and/or photos at Tenant's own expense.
- 230. **TENANT AGREES** that the above information is an accurate account of the condition and contents of the Premises and acknowledges
- 231. receiving a copy hereof. Tenant understands that unless otherwise noted, all discrepancies will be Tenant's responsibility and will be
- 232. deducted from the security deposit at time of move out. Tenant may be present at the move-out inspection and, upon request, the Tenant
- 233. shall be notified when the move-out inspection will occur.

**\*\*\* PLEASE MAKE A COPY FOR YOUR RECORDS \*\*\***

**MOVE-IN**

234. Completed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

235. \_\_\_\_\_  
 ^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

236. \_\_\_\_\_  
 ^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

237. This checklist must be signed and dated by the Landlord or Property Manager to be deemed received.

238. \_\_\_\_\_  
 ^ LANDLORD/PROPERTY MANAGER DATE

**MOVE-OUT**

239. Completed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

240. \_\_\_\_\_  
 ^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

241. \_\_\_\_\_  
 ^ NAME (PLEASE PRINT) ^ SIGNATURE DATE

242. This checklist must be signed and dated by the Landlord or Property Manager to be deemed received.

243. \_\_\_\_\_  
 ^ LANDLORD/PROPERTY MANAGER DATE

**For Broker Use Only:**

Brokerage File/Log No. \_\_\_\_\_ Manager's Initials \_\_\_\_\_ Broker's Initials \_\_\_\_\_ Date \_\_\_\_\_  
 MO/DA/YR

