



MOVE IN / MOVE OUT INSPECTION
(C.A.R. Form MIMO, Revised 11/07)

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 noted. Check the appropriate box:
N - NEW S - SATISFACTORY/CLEAN O - OTHER D - DEPOSIT DEDUCTION

MOVE IN MOVE OUT
N S O Comments S O D Comments
Front Yard/Exterior
Landscaping
Fences/Gates
Sprinklers/Timers
Walks/Driveway
Porches/Stairs
Mailbox
Light Fixtures
Building Exterior

Entry
Security/Screen Doors
Doors/Knobs/Locks
Flooring/Baseboards
Walls/Ceilings
Light Fixtures/Fans
Switches/Outlets

Living Room
Doors/Knobs/Locks
Flooring/Baseboards
Walls/Ceilings
Window Coverings
Windows/Locks/Screens
Light Fixtures/Fans
Switches/Outlets
Fireplace Equipment

Dining Room
Flooring/Baseboards
Walls/Ceilings
Window Coverings
Windows/Locks/Screens
Light Fixtures/Fans
Switches/Outlets

Tenant's Initials ( ) ( )
Landlord's Initials ( ) ( )

Tenant's Initials ( ) ( )
Landlord's Initials ( ) ( )

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MIMO REVISED 11/07 (PAGE 1 OF 5)

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



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

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

MOVE IN  
N S O Comments

MOVE OUT  
S O D Comments

Other Room

Doors/Knobs/Locks				_____
Flooring/Baseboards				_____
Walls/Ceilings				_____
Window Coverings				_____
Windows/Locks/Screens				_____
Light Fixtures/Fans				_____
Switches/Outlets				_____

				_____
				_____
				_____
				_____
				_____
				_____
				_____

Bedroom # \_\_\_\_\_

Doors/Knobs/Locks				_____
Flooring/Baseboards				_____
Walls/Ceilings				_____
Window Coverings				_____
Windows/Locks/Screens				_____
Light Fixtures/Fans				_____
Switches/Outlets				_____
Closets/Doors/Tracks				_____

				_____
				_____
				_____
				_____
				_____
				_____
				_____

Bedroom # \_\_\_\_\_

Doors/Knobs/Locks				_____
Flooring/Baseboards				_____
Walls/Ceilings				_____
Window Coverings				_____
Windows/Locks/Screens				_____
Light Fixtures/Fans				_____
Switches/Outlets				_____
Closets/Doors/Tracks				_____

				_____
				_____
				_____
				_____
				_____
				_____
				_____

Bedroom # \_\_\_\_\_

Doors/Knobs/Locks				_____
Flooring/Baseboards				_____
Walls/Ceilings				_____
Window Coverings				_____
Windows/Locks/Screens				_____
Light Fixtures/Fans				_____
Switches/Outlets				_____
Closets/Doors/Tracks				_____

				_____
				_____
				_____
				_____
				_____
				_____
				_____

Bedroom # \_\_\_\_\_

Doors/Knobs/Locks				_____
Flooring/Baseboards				_____
Walls/Ceilings				_____
Window Coverings				_____
Windows/Locks/Screens				_____
Light Fixtures/Fans				_____
Switches/Outlets				_____
Closets/Doors/Tracks				_____

				_____
				_____
				_____
				_____
				_____
				_____
				_____

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

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

Landlord's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

Landlord's Initials ( \_\_\_\_\_ ) ( \_\_\_\_\_ )

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

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

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

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

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

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

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

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

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"/>	_____

<b>Other</b> _____								
_____								
_____								
_____								
_____								
_____								
_____								
_____								
_____								

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

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

Reviewed by _____	Date _____
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Property Address: \_\_\_\_\_ Date: \_\_\_\_\_

MOVE IN  
N S O Comments

MOVE OUT  
S O D Comments

Garage/Parking  
 Garage Door    \_\_\_\_\_  
 Other Door(s)    \_\_\_\_\_  
 Driveway/Floor    \_\_\_\_\_  
 Cabinets/Counters    \_\_\_\_\_  
 Light Fixtures    \_\_\_\_\_  
 Switches/Outlets    \_\_\_\_\_  
 Electrical/Exposed Wiring    \_\_\_\_\_  
 Window(s)    \_\_\_\_\_  
 Other Storage/Shelving    \_\_\_\_\_

\_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_

Back/Side/Yard  
 Patio/Deck/Balcony    \_\_\_\_\_  
 Patio Cover(s)    \_\_\_\_\_  
 Landscaping    \_\_\_\_\_  
 Sprinklers/Timers    \_\_\_\_\_  
 Pool/Heater/Equipment    \_\_\_\_\_  
 Spa/Cover/Equipment    \_\_\_\_\_  
 Fences/Gates    \_\_\_\_\_

\_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_

Safety/Security  
 Smoke/CO Detector(s)    \_\_\_\_\_  
 Security System    \_\_\_\_\_  
 Security Window Bars    \_\_\_\_\_

\_\_\_\_\_  
   \_\_\_\_\_  
   \_\_\_\_\_

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

