



Move-In / Move-Out Addendum

Address: _____

Date: _____ Type of Inspection: Move-In Move-Out

Residents have 5 days after taking possession of the Premises to deliver to On Q Property Management a completed checklist with photos documenting any defects or issues. Failure to provide On Q with a completed checklist and photos within the timeframe shall constitute Residents acknowledgement that there are no defects and has accepted the Premises in good and acceptable condition. If a written agreement to perform specific repairs on the Premises is not received by On Q, it is understood that the Resident is accepting the Premises in its AS-IS condition. Residents are hereby given written notice that they are invited to be present at the Move-Out inspection. Residents may obtain a copy of the Arizona Residential Landlord and Tenant Act from <https://housing.az.gov/general-public/landlord-and-tenant-act>

THIS IS NOT A WORK ORDER - PLEASE SUBMIT ANY REPAIR REQUEST USING HELP.ONQPM.COM

Prior to Move-Out, the Resident must ensure that Premises is returned to the condition it was upon Move-In. This may include, but is not limited to, house cleaning, professional carpet cleaning, windows and coverings cleaning, appliances checked, smoke alarm checked, light bulbs, filters changed, all personal belongings removed, and landscape maintained.

Outside Areas	Pass/Fail	Details
Front Porch		
Front Yard		
Side Yard		
Back Yard		
Patio (If Applicable)		
Driveway		

Entry	Pass/Fail	Details
Floors/Walls/Ceiling		
Lights/Fans		
Doors/Closets		
Windows/Screens/Etc.		

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Living Room	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Fireplace (If Applicable)		

Family Room	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Fireplace (If Applicable)		

Dining Room/Area	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		

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Windows/Screens		
Window Coverings		

Hallway	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		

Kitchen	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens/Coverings		
Sink/Faucets		
Dishwasher		
Garbage Disposal		
Stove/Oven/Microwave		
Refrigerator		
Countertops		
Cabinets		

Master Bedroom	Pass/Fail	Details
Floors		

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Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Closets		

Bedroom 1	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Closets		

Bedroom 2	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Closets		

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Bedroom 3	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Closets		

Bedroom 4	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Closets		

Master Bathroom	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		

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Windows/Screens		
Window Coverings		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

Bathroom 1	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

Bathroom 2	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		

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Windows/Screens		
Window Coverings		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

Bathroom 3	Pass/Fail	Details
Floors		
Walls/Ceiling		
Lights/Fans		
Doors/Door Stops		
Windows/Screens		
Window Coverings		
Sinks/Faucets		
Tub/Shower		
Toilet		
Countertops/Cabinets		

Garage	Pass/Fail	Details
Floors		
Walls/Ceiling		
Doors/Door Stops		
Garage Door		



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Side Door		
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Other	Pass/Fail	Details
Washer		
Dryer		
Laundry Area/Room		

Utility Information	Name and Account Number
Water Company	
Gas Company	
Electric Company	

Notes:

RESIDENT SIGNATURE

Print Name: _____ Sign: _____ Date: _____

ON Q SIGNATURE

Print Name: _____ Sign: _____ Date: _____