



PRE-MOVE OUT INSPECTION STATEMENT

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

SAMPLE

To: _____ and any other occupants ("Tenant") in possession of the premises located at: _____ (Street Address) _____ (Unit/Apartment #) _____ (City) _____ (State) _____ (Zip Code) _____ ("Premises").

- 1. Pursuant to California Civil Code § 1950.5, an inspection of the Premises was conducted by your landlord or the landlord's agent ("Landlord") on _____ (Date).
2. The purpose of this inspection was to identify deficiencies in the Premises that need to be remedied by you in order to avoid certain deductions from your security deposit.
3. The following individuals were present at the inspection: _____
4. This Statement identifies items that need to be repaired or cleaned by you in order to avoid a deduction from your security deposit for those identified deficiencies.
5. You have an opportunity to remedy the identified deficiencies prior to the termination of your tenancy, however, you may do so only in a manner consistent with the rights and obligations established in your lease or rental agreement. Before attempting to remedy any of the identified deficiencies, please read your lease or rental agreement, or ask your Landlord if you have any questions.
6. If you do not remedy the identified deficiencies, the Landlord may use the identified deficiencies as a bases for making a deduction from you security deposit.
7. Even if you remedy the identified deficiencies, the Landlord may make deductions from your security deposit for deficiencies that: (a) occur between the time of the inspection in paragraph 1 and the termination of your tenancy; and (b) were not revealed during the inspection in paragraph 1 due to the presence of your possessions.
8. The use of a Tenant's security deposit is controlled by California Law. California Civil Code § 1950.5(b) states:

As used in this section, "security" means any payment, fee, deposit or charge, including, but not limited to, any payment, fee, deposit, or charge, except as provided in Section 1950.6, that is imposed at the beginning of the tenancy to be used to reimburse the landlord for costs associated with processing a new tenant or that is imposed as an advance payment of rent, used or to be used for any purpose, including, but not limited to, any of the following:

- (1) The compensation of a landlord for a tenant's default in the payment of rent.
(2) The repair of damages to the premises, exclusive of ordinary wear and tear, caused by the tenant or by a guest or licensee of the tenant.
(3) The cleaning of the premises upon termination of the tenancy necessary to return the unit to the same level of cleanliness it was in at the inception of the tenancy. The amendments to this paragraph enacted by the act adding this sentence shall apply only to tenancies for which the tenant's right to occupy begins after January 1, 2003.
(4) To remedy future defaults by the tenant in any obligation under the rental agreement to restore, replace, or return personal property or appurtenances, exclusive of ordinary wear and tear, if the security deposit is authorized to be applied thereto by the rental agreement.

9. California Civil Code § 1950.5(d) provides: "Any security shall be held by the landlord for the tenant who is party to the lease or agreement. The claim of a tenant to the security shall be prior to the claim of any creditor of the landlord."

I acknowledge receipt of a copy of each page of this Pre-Move Out Inspection Statement.

Tenant _____ Date _____
Tenant _____ Date _____
Tenant Forwarding Address _____

☐ Tenant was not present during the inspection. Landlord left a copy of this Pre-Move Out Inspection Statement at the Premises.

Landlord _____ Date _____
Address _____ City _____ State _____ Zip _____
Telephone _____ Fax _____ E-mail _____

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PMOI REVISED 4/03 (PAGE 1 OF 6)

Reviewed by _____ Date _____



PRE-MOVE OUT INSPECTION STATEMENT (PMOI PAGE 1 OF 6)

Premises: _____ Date: _____

When completing this form, check the Premises carefully and be specific in all items noted. Check the appropriate box:

S - SATISFACTORY/CLEAN **O - OTHER** ***D - DEPOSIT DEDUCTION** *if not corrected prior to move out

SAMPLE

Front Yard/Exterior

- Landscaping _____
- Fences/Gates _____
- Sprinklers/Timers _____
- Walks/Driveway _____
- Porches/Stairs _____
- Mailbox _____
- Light Fixtures _____
- Building Exterior _____

SAMPLE

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 _____

SAMPLE

SAMPLE

Tenant's Initials (____) (____)

Reviewed by _____ Date _____



S O *D Comments

Other Room

Doors/Knobs/Locks _____

Flooring/Baseboards _____

Walls/Ceilings _____

Window Coverings _____

Windows/Locks/Screens _____

Light Fixtures/Fans _____

Switches/Outlets _____

SAMPLE

SAMPLE

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 _____

SAMPLE

SAMPLE

Tenant's Initials (____) (____)

Reviewed by _____ Date _____



Premises: _____ Date: _____

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

SAMPLE

SAMPLE

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

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

SAMPLE

SAMPLE

Tenant's Initials (____) (____)

Reviewed by _____ Date _____



Premises: _____ Date: _____

S O *D Comments

Kitchen

Flooring/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walls/Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Window Coverings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Windows Locks/Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Range/Fan/Hood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Oven(s)/Microwave	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Refrigerator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dishwasher	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sink/Disposal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Faucet(s)/Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Counters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

SAMPLE

SAMPLE

Hall/Stairs

Flooring/Baseboards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walls/Ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light Fixtures/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closets/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Railings/Banisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Laundry

Faucets/Valves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Plumbing/Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cabinets/Counters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Systems

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

SAMPLE

Other _____

SAMPLE

Tenant's Initials (____) (____)

Reviewed by _____ Date _____



Premises: _____ Date: _____

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 _____

SAMPLE

SAMPLE

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 Supplements

SAMPLE

Tenant's Initials (____) (____)

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SAMPLE

Reviewed by _____ Date _____

