



PRE-MOVE OUT INSPECTION STATEMENT (C.A.R. Form PMOI, Revised 4/03)

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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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

	<b>S</b>	<b>O</b>	<b>*D</b>	<b>Comments</b>
<b>Front Yard/Exterior</b>				
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinklers/Timers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Walks/Driveway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Porches/Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mailbox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Light Fixtures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Building Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Entry</b>				
Security/Screen Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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"/>	_____
Light Fixtures/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Living Room</b>				
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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fireplace/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

<b>Dining Room</b>				
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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

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



Premises: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

**S O \*D Comments**

**Other Room**

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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Bedroom #**

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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closets/Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Bedroom #**

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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closets/Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Bedroom #**

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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closets/Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Bedroom #**

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/Fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Closets/Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

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

Reviewed by _____	Date _____
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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"/>	_____

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"/>	_____

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"/>	_____



Premises: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

**S O \*D Comments**

**Kitchen**

- Flooring/Baseboards    \_\_\_\_\_
- Walls/Ceilings    \_\_\_\_\_
- Window Coverings    \_\_\_\_\_
- Windows/Locks/Screens    \_\_\_\_\_
- Light Fixtures    \_\_\_\_\_
- Switches/Outlets    \_\_\_\_\_
- Range/Fan/Hood    \_\_\_\_\_
- Oven(s)/Microwave    \_\_\_\_\_
- Refrigerator    \_\_\_\_\_
- Dishwasher    \_\_\_\_\_
- Sink/Disposal    \_\_\_\_\_
- Faucet(s)/Plumbing    \_\_\_\_\_
- Cabinets    \_\_\_\_\_
- Counters    \_\_\_\_\_

**Hall/Stairs**

- Flooring/Baseboards    \_\_\_\_\_
- Walls/Ceilings    \_\_\_\_\_
- Light Fixtures/Fans    \_\_\_\_\_
- Switches/Outlets    \_\_\_\_\_
- Closets/Cabinets    \_\_\_\_\_
- Railings/Banisters    \_\_\_\_\_

**Laundry**

- Faucets/Valves    \_\_\_\_\_
- Plumbing/Drains    \_\_\_\_\_
- Cabinets/Counters    \_\_\_\_\_

**Systems**

- Furnace/Thermostat    \_\_\_\_\_
- Air Conditioning    \_\_\_\_\_
- Water Heater    \_\_\_\_\_
- Water Softener    \_\_\_\_\_

**Other** \_\_\_\_\_

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

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

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

**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** \_\_\_\_\_

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

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



Equal Housing Opportunity  
Untitled