



# PRE-MOVE OUT INSPECTION STATEMENT

(C.A.R. Form PMOI, Revised 12/22)

To: \_\_\_\_\_ and any other occupants ("Tenant") in possession of the premises located at:

Property Address: \_\_\_\_\_ Unit No. \_\_\_\_\_ ("Premises").

- Pursuant to California Civil Code § 1950.5, an inspection of the Premises was conducted by your Rental Property Owner, Authorized Broker or Agent, or Property Manager ("Housing Provider") on \_\_\_\_\_ (Date).
- 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.
- The following individuals were present at the inspection: \_\_\_\_\_.
- 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.
- 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 Housing Provider if you have any questions.
- If you do not remedy the identified deficiencies, the Housing Provider may use the identified deficiencies as a basis for making a deduction from your security deposit.
- Even if you remedy the identified deficiencies, the Housing Provider 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) for items that were not revealed during the inspection in **paragraph 1** due to the presence of your possessions.
- 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 of the following:
  - The compensation of a Housing Provider for a tenant's default in the payment of rent.
  - 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.
  - 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 (applicable only to tenancies which began after January 1, 2003.)
  - 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.
- California Civil Code § 1950.5(d) provides that the security deposit shall be held by the Housing Provider for the tenant who is party to the lease or agreement. The claim of a tenant to the security deposit shall be prior to the claim of any creditor of the Housing Provider."

**NOTE TO HOUSING PROVIDER AND TENANT:** When completing this form check the Premises carefully. Items listed for each room category are examples of what might exist. Some properties may not have each item listed and some may have other items that are not listed. Unless otherwise checked, all items are in satisfactory condition. If not satisfactory, check the appropriate box:

**O - OTHER**

**D - DEPOSIT DEDUCTION**

**N/A - NOT APPLICABLE (item is not included)**

**1. FRONT YARD/ EXTERIOR:**

	Move out condition			Comments
	O	D	N/A	
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinklers/Timer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
sWalks/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"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Tenant Remarks:** \_\_\_\_\_

**2. BACK/SIDE/YARD:**

	Move out condition			Comments
	O	D	N/A	
Patio/Deck/Balcony	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Patio Cover(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Landscaping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Sprinklers/Timers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Pool/Heater/Equipmen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
tSpa/Cover/Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Fences/Gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

**Tenant Remarks:** \_\_\_\_\_



Move out condition

O D N/A

Comments

3. GENERAL CONDITION:

Paint   
Cleaning  Professional  Clean  Other \_\_\_\_\_
Other \_\_\_\_\_

Tenant Remarks: \_\_\_\_\_

4. ENTRY:

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

Tenant Remarks: \_\_\_\_\_

5. LIVING ROOM:

Doors/Knobs/Locks   
Flooring/Baseboards   
Walls/Ceilings   
Window Coverings   
Window Locks/Screens   
Light Fixtures/Fans   
Switches/Outlets   
Fireplace Equipment   
Other \_\_\_\_\_

Tenant Remarks: \_\_\_\_\_

6. DINING ROOM:

Flooring/Baseboards   
Walls/Ceilings   
Window Coverings   
Window Locks/Screens   
Light Fixtures/Fans   
Switches/Outlets   
Other \_\_\_\_\_

Tenant Remarks: \_\_\_\_\_

7. KITCHEN:

Flooring/Baseboards   
Walls/Ceilings   
Window Coverings   
Windows/Locks/Screens   
Light Fixtures   
Switches/Outlets   
Range/Fan/Hood   
Oven   
Microwave   
Refrigerator   
Dishwasher   
Sink and disposal   
Faucets and plumbing   
Cabinets and counters   
Other \_\_\_\_\_

Tenant Remarks: \_\_\_\_\_

8. HALL AND STAIRS:

Flooring/Baseboards   
Walls/Ceilings   
Light Fixtures   
Switches/Outlets

PMOI REVISED 12/22 (PAGE 2 OF 5) Tenant's Initials \_\_\_\_\_ / \_\_\_\_\_ Housing Provider's Initials \_\_\_\_\_ / \_\_\_\_\_

PRE-MOVE OUT INSPECTION STATEMENT (PMOI PAGE 4 OF 5)



Move out condition	O	D	N/A	Comments
Closets/Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Railings/Banisters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other				
<b>Tenant Remarks:</b> _____				

**9. 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"/>	
Other				
<b>Tenant Remarks:</b> _____				

Move out condition	O	D	N/A	Comments	O	D	N/A	Comments
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**10. BEDROOMS:**

BEDROOM #	O	D	N/A	Comments	BEDROOM #	O	D	N/A	Comments
Doors/Knobs/Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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/Fans	<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"/>	
Closet/Closet Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other									

Doors/Knobs/Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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/Fans	<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"/>	
Closet/Closet Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other									

**Tenant Remarks for all bedrooms above:** \_\_\_\_\_

**11. BATHROOMS:**

BATHROOM #	O	D	N/A	Comments	BATHROOM #	O	D	N/A	Comments
Doors/Knobs/Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Windows/Locks/Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights/Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet/Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower Door/Rail/Curtain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sink/Faucet/Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Towel/TP Rack(s)	<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"/>	
Other									

Doors/Knobs/Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Windows/Locks/Screens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lights/Switches/Outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Toilet/Tub/Shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shower Door/Rail/Curtain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**PMOI REVISED 12/22 (PAGE 3 OF 5)** Tenant's Initials \_\_\_\_\_ / \_\_\_\_\_ Housing Provider's Initials \_\_\_\_\_ / \_\_\_\_\_

**PRE-MOVE OUT INSPECTION STATEMENT (PMOI PAGE 3 OF 5)**



Move out condition	O	D	N/A	Comments	O	D	N/A	Comments
Sink/Faucets/Drains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Exhaust Fan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Towel/TP Rack(s)	<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"/>	_____
Other _____								

**Tenant Remarks for all bathrooms above:** \_\_\_\_\_

**12. OTHER ROOMS:**

Other Room	O	D	N/A	Comments	Other Room	O	D	N/A	Comments
Doors/Knobs/Locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
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/Fans	<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"/>	_____
Closet/Closet Doors/Tracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____									
Other _____									

**Additional Other Rooms:** \_\_\_\_\_

**Tenant Remarks for all Other Rooms above:** \_\_\_\_\_

**13. SYSTEMS/SAFETY/ SECURITY:**

Furnace/Thermostat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Air Conditioner	<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"/>	_____
Smoke/CO Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Security Window Bars	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____				

**Tenant Remarks:** \_\_\_\_\_

**14. GARAGE/PARKING:**

Garage Door	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Door(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Driveway/Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Cabinets/Counters	<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"/>	_____
Electrical/Exposed Wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Window(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other Storage/Shelving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____				

**Tenant Remarks:** \_\_\_\_\_

**15. KEYS, REMOTES AND DEVICES:** Provide description and number of keys/remotes/devices.  
 House Keys \_\_\_\_\_ Other Keys \_\_\_\_\_  
 Remotes/Devices \_\_\_\_\_

**16. PERSONAL PROPERTY:** \_\_\_\_\_

**17. ADDITIONAL FEATURES OR ITEMS INCLUDED; ATTACHMENTS:** \_\_\_\_\_



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

**Housing Provider represents that all information on this Pre-Move Out Inspection Statement is true and correct:**

Housing Provider \_\_\_\_\_ Date \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone \_\_\_\_\_ Text \_\_\_\_\_ E-mail \_\_\_\_\_

**Tenant acknowledges receipt of a copy of each page of this Pre-Move Out Inspection Statement.**

**Tenant makes the following request (check all that apply) and Housing Provider may agree by: (i) initialing in the box below and returning the initialed copy to Tenant; or (ii) or by transmitting funds or email as requested.**

- Tenant requests Housing Provider send any remaining security deposit, after making all lawful deductions, to tenant's bank or other financial institution account as follows: Bank (or financial institution) \_\_\_\_\_  
Account # \_\_\_\_\_, Routing # \_\_\_\_\_.
- Tenant requests that Housing Provider send a copy of the itemized statement of use of the tenant's security deposit, and copies of documents showing charges incurred and deducted to repair or clean the Premises to the following email address: \_\_\_\_\_.

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant \_\_\_\_\_ Date \_\_\_\_\_

Tenant Forwarding Address \_\_\_\_\_

\_\_\_\_\_(if initialed) Housing Provider will send security deposit balance to the above account, as requested.  
\_\_\_\_\_(If initialed) Housing Provider will send itemized statement to the email above, as requested.

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