

CONDITION OF FURNISHINGS ADDENDUM
and Inventory

NOTE: This form is used by a property manager or landlord when conducting a pre-occupancy inspection with a residential tenant on entering into a rental or lease agreement for a furnished unit, to document the condition of the furnishings and personal property inventory.

DATE: _____, 20____, at _____, California.

Items left blank or unchecked are not applicable.

FACTS:

1. This is an addendum to the following
- Lease agreement [See **RPI Form 550**]
 - Rental agreement [See **RPI Form 551**]
 - Occupancy agreement [See **RPI Form 593**]
 - _____
- 1.1 of same date, or dated _____, 20____,
- 1.2 entered into by _____, as the Landlord,
- 1.3 and _____, as the Tenant,
- 1.4 regarding real estate referred to as _____

AGREEMENT:

2. Landlord and Tenant have jointly inspected the furniture and furnishings and agree they are in satisfactory and sanitary condition.
3. Only those items checked are unsatisfactory and explained under "REMARKS."
4. The quantity of furnishings entered on this form are accepted by Tenant.
5. Reimbursement for any loss, damage or excess wear and tear on furnishings provided to Tenant will be deducted from Tenant's security deposit.

6. LIVING ROOM

- | | | |
|---|--|---------|
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Chairs | # _____ |
| <input type="checkbox"/> Draperies | <input type="checkbox"/> End tables | # _____ |
| <input type="checkbox"/> Window coverings | <input type="checkbox"/> Coffee tables | # _____ |
| <input type="checkbox"/> Wall coverings | <input type="checkbox"/> Lamps | # _____ |
| <input type="checkbox"/> Couch # _____ | <input type="checkbox"/> Shelves | # _____ |
| <input type="checkbox"/> Pictures # _____ | <input type="checkbox"/> _____ | # _____ |

7. KITCHEN

- | | | |
|---|-----------------------------------|---------|
| <input type="checkbox"/> Tile/linoleum | <input type="checkbox"/> Chairs | # _____ |
| <input type="checkbox"/> Window coverings | <input type="checkbox"/> Range | # _____ |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Cabinets | # _____ |
| <input type="checkbox"/> Table # _____ | <input type="checkbox"/> _____ | # _____ |

8. BEDROOM:

- | | | | |
|--------------------------------------|---------|---------------------------------------|---------|
| <input type="checkbox"/> Double bed | # _____ | <input type="checkbox"/> Night stands | # _____ |
| <input type="checkbox"/> Single bed | # _____ | <input type="checkbox"/> Lamps | # _____ |
| <input type="checkbox"/> Headboards | # _____ | <input type="checkbox"/> Bureau | # _____ |
| <input type="checkbox"/> Mattress | # _____ | <input type="checkbox"/> Pictures | # _____ |
| <input type="checkbox"/> Box springs | # _____ | <input type="checkbox"/> Mirror | # _____ |
| <input type="checkbox"/> Bed frame | # _____ | <input type="checkbox"/> _____ | # _____ |

9. SECOND BEDROOM

- | | | | |
|--------------------------------------|---------|---------------------------------------|---------|
| <input type="checkbox"/> Double bed | # _____ | <input type="checkbox"/> Night stands | # _____ |
| <input type="checkbox"/> Single bed | # _____ | <input type="checkbox"/> Lamps | # _____ |
| <input type="checkbox"/> Headboards | # _____ | <input type="checkbox"/> Bureau | # _____ |
| <input type="checkbox"/> Mattress | # _____ | <input type="checkbox"/> Pictures | # _____ |
| <input type="checkbox"/> Box springs | # _____ | <input type="checkbox"/> Mirror | # _____ |

10. BATHROOM:

- | | |
|---|---|
| <input type="checkbox"/> Medicine cabinet | <input type="checkbox"/> Shower tub |
| <input type="checkbox"/> Shelves/fitings | <input type="checkbox"/> Shower enclosure |
| <input type="checkbox"/> Toilet | <input type="checkbox"/> _____ |

11. REMARKS:

I agree to the terms stated above.

Date: _____, 20____

Landlord/Agent: _____

Signature: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

I agree to the terms stated above.

See Signature Page Addendum. [**RPI Form 251**]

Date: _____, 20____

Tenant: _____

Signature: _____

Address: _____

Phone: _____ Fax: _____

Email: _____