

CONDITION OF PREMISES ADDENDUM

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, to document the condition of the premises and state the landlord's obligation to make any promised repairs.

DATE: _____, 20_____, at _____, California.
Items left blank or unchecked are not applicable.

FACTS:

1. This is an addendum to the following agreement:

- 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_____, at _____, California,
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 premises and common areas and agree the premises and unchecked items such as fixtures, appliances and furnishings are in a satisfactory and sanitary condition.
3. Check only those items which are unsatisfactory and state why in "REMARKS."

4. EXTERIOR/COMMON AREAS:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Garage/parking lot | <input type="checkbox"/> Garbage facilities | <input type="checkbox"/> Storage area | <input type="checkbox"/> TV antenna |
| <input type="checkbox"/> Pool/spa | <input type="checkbox"/> Satellite dish | <input type="checkbox"/> Patio/decks | <input type="checkbox"/> CATV hookup |
| <input type="checkbox"/> Stairs/railings | <input type="checkbox"/> Garage door opener(s) | <input type="checkbox"/> Hallway/lobby | <input type="checkbox"/> Laundry area |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Roof | <input type="checkbox"/> Exterior lighting | <input type="checkbox"/> Eaves/gutters |
| <input type="checkbox"/> Sprinklers/hose | <input type="checkbox"/> Mailbox | <input type="checkbox"/> Walkways | <input type="checkbox"/> _____ |

5. ENTRY:

- | | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Door | <input type="checkbox"/> # of keys _____ | <input type="checkbox"/> Doorbell/knocker | <input type="checkbox"/> Closet |
| <input type="checkbox"/> Intercom/security | <input type="checkbox"/> Shelves | <input type="checkbox"/> Locks | <input type="checkbox"/> _____ |

6. KITCHEN:

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> Range | <input type="checkbox"/> Trash compactor | <input type="checkbox"/> Oven | <input type="checkbox"/> Water purifier |
| <input type="checkbox"/> Refrigerator | <input type="checkbox"/> Counters/laminate | <input type="checkbox"/> Garbage disposal | <input type="checkbox"/> Cabinets/drawers |
| <input type="checkbox"/> Exhaust fan(s) | <input type="checkbox"/> Pantry/shelves | <input type="checkbox"/> Dishwasher | <input type="checkbox"/> Tile/linoleum |
| <input type="checkbox"/> Microwave | <input type="checkbox"/> Sink/faucets | | |

7. BATHROOM:

- | | | | |
|---------------------------------|---|---|---|
| <input type="checkbox"/> Sink | <input type="checkbox"/> Tile/linoleum | <input type="checkbox"/> Faucets/hardware | <input type="checkbox"/> Closets/shelves |
| <input type="checkbox"/> Toilet | <input type="checkbox"/> Exhaust fan(s) | <input type="checkbox"/> Shower | <input type="checkbox"/> Shower enclosure |
| <input type="checkbox"/> Tub | <input type="checkbox"/> Medicine cabinet | | |

8. ELECTRICAL:

- | | | | |
|---|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Outlets | <input type="checkbox"/> Lighting | <input type="checkbox"/> Switchplates | <input type="checkbox"/> Thermostat |
| <input type="checkbox"/> Fixtures | <input type="checkbox"/> Furnace | <input type="checkbox"/> Smoke detectors | <input type="checkbox"/> Ventilation |
| <input type="checkbox"/> Air conditioning | <input type="checkbox"/> _____ | | |

9. PLUMBING:

- | | | | |
|---------------------------------------|---------------------------------|---|--------------------------------|
| <input type="checkbox"/> Water heater | <input type="checkbox"/> Washer | <input type="checkbox"/> Hot/cold water | <input type="checkbox"/> Dryer |
| <input type="checkbox"/> Gas hookups | <input type="checkbox"/> _____ | | |

