

CONDITION OF FURNISHINGS ADDENDUM
and Inventory

DATE: _____, 20____ at _____, California

FACTS:

This is an addendum to the following:

- Lease agreement
- Rental agreement
- Occupancy agreement
- Other

Dated: _____, 20____

Entered into by:

Landlord: _____

Tenant: _____

Regarding real estate referred to as: _____

AGREEMENT:

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

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"/> _____ |

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"/> _____ |

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"/> _____ |

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 # _____ |
| <input type="checkbox"/> Bed frame # _____ | <input type="checkbox"/> _____ |

BATHROOM:

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

REMARKS:

I agree to the terms stated above.

Date: _____, 20____

Landlord/Agent: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____

I agree to the terms stated above.

Date: _____, 20____

Tenant: _____

Address: _____

Phone: (_____) _____ Fax: (_____) _____

Signature: _____

Signature: _____