

CONDITION OF FURNISHINGS ADDENDUM

and Inventory

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

Items left blank or unchecked are not applicable.

FACTS:

1. This is an addendum to the following:

- ☐ Lease agreement
- ☐ Rental agreement
- ☐ Occupancy agreement
- ☐

1.1 ☐ of same date, or dated _____, 20____,

1.2 entered into by

_____, as the Landlord, and

1.3 _____, 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:

- ☐ Tile/linoleum ☐ Chairs # _____
☐ Window coverings ☐ Range
☐ Refrigerator ☐ Cabinets
☐ Table # _____

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

10. BATHROOM:

- ☐ Medicine cabinet
 ☐ Shower/tub
☐ Shelves/fitings
 ☐ Shower enclosure
☐ Toilet
 ☐

11. REMARKS:

[illegible]

I agree to the terms stated above.

Date: _____, 20____

Landlord/Agent: _____

Signature: _____

Address:

Phone: _____

Fax: _____

I agree to the terms stated above.

Date: _____, 20____

Tenant: _____

Signature: _____

Signature: _____

Address: _____

Phone: _____

Fax: _____