

MOVE-IN / MOVE-OUT ADDENDUM TO LEASE RENTAL AGREEMENT

The following is part of the Lease/Rental Agreement dated _____ between **Portfolio Real Estate** ("Lessor") and the tenant(s) _____ ("Tenant") concerning _____ (the "Property").

Move-In Date _____

Move-Out Date _____

Door Keys _____

Door Keys _____

Mail Keys/ Shed Keys _____

Mail Keys/ Shed Keys _____

Garage Door Remotes _____

Garage Door Remotes _____

Lessor and Tenant agree that the condition of the Property is as follows:

Is the Property equipped with working smoke alarms? **YES** **NO**

Location of alarms: _____

Is the Property equipped with working carbon monoxide alarms? **YES** **NO**

Location of alarms: _____

Is the Property equipped with an HVAC System or Wall A/C Unit? **YES** **NO**

Location of HVAC Unit: _____

Dimension of HVAC Filter: _____

*If there is Central HVAC System tenant must replace the filter once a month. A clogged HVAC filter can result in permanent damage to the system. **Tenant Initials:** _____ **Date:** _____*

ENTRY ROOM

Walls	
Doors	
Windows	
Shades & Blinds	
Closet	
Stairs	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

EXTERIOR YARD

Front Yard	
Back Yard	
Driveway	
Fencing	
Plants & Trees	
Irrigation System	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Tenant Initials: _____ Date: _____

Inspector Initials: _____ Date: _____

LIVING ROOM

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Closet	
Light Fixtures & Light Bulbs	
Outlets & Switches	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

KITCHEN

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Light Fixtures & Lightbulbs	
Outlets & Switches	
Cabinets	
Countertops	
Sink & Faucet	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

DINING ROOM

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Closet	
Light Fixtures & Light Bulbs	
Outlets & Switches	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

COMMENTS:

(ANY ADDITIONAL ROOMS OR FEATURES NOT LISTED)

HALLWAY

Floor	
Walls	
Doors	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Tenant Initials: _____ Date: _____

Inspector Initials: _____ Date: _____

MECHANICAL

Microwave	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Exterior & Controls	
Interior & Tray	
Dishwasher	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Interior & Parts	
Exterior & Controls	
Garbage Disposal	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Condition	
Refrigerator	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Interior & Parts	
Exterior	
Light	
Stove	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Exterior	
Timer & Controls	
Surface	
Light, Rack, Pans	
HVAC	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Filter Condition	
WALL A/C	<input type="checkbox"/> Yes <input type="checkbox"/> No
Air Filter Condition	
Washing Machine	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Hook-Ups Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dryer	
Hook-Ups Only	<input type="checkbox"/> Yes <input type="checkbox"/> No
Lint Trap	
Fireplace	ORNAMENTAL USE ONLY
Other:	

COMMENTS:
 (ANY ADDITIONAL ROOMS OR FEATURES NOT LISTED)

Tenant Initials: _____ Date: _____

Inspector Initials: _____ Date: _____

BEDROOM #1

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Light Fixtures & Light Bulbs	
Closets	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

BEDROOM #2

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Light Fixtures & Light Bulbs	
Closets	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

COMMENTS:
 (ANY ADDITIONAL ROOMS OR FEATURES NOT LISTED)

Tenant Initials: _____ Date: _____

Inspector Initials: _____ Date: _____

BEDROOM #3

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Light Fixtures & Light Bulbs	
Closets	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

BEDROOM #4

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Light Fixtures & Light Bulbs	
Closets	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

COMMENTS:
 (ANY ADDITIONAL ROOMS OR FEATURES NOT LISTED)

BATHROOM #1

Floor	
Walls	
Doors	
Windows	
Cabinets	
Mirror	
Fan	
Sink & Plumbing	
Tub & Shower	
Light Fixtures & Light Bulbs	
Toilet	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

BATHROOM #3

Floor	
Walls	
Doors	
Windows	
Cabinets	
Mirror	
Fan	
Sink & Plumbing	
Tub & Shower	
Light Fixtures & Light Bulbs	
Toilet	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

BATHROOM #2

Floor	
Walls	
Doors	
Windows	
Cabinets	
Mirror	
Fan	
Sink & Plumbing	
Tub & Shower	
Light Fixtures & Light Bulbs	
Toilet	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

COMMENTS:
 (ANY ADDITIONAL ROOMS OR FEATURES NOT LISTED)

Tenant Initials: _____ Date: _____

Inspector Initials: _____ Date: _____

Utility Room

Floor	
Walls	
Doors	
Windows	
Shades & Blinds	
Cabinets	
Fan	
Sink & Plumbing	
Light Fixtures & Light Bulbs	
Outlets & Light Switches	
Ceiling	
Cleanliness	
Condition	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor

Garage & Exterior Buildings

Garage Carport	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Floor	
Walls	
Doors	
Windows	
Cabinets	
Exterior Sheds	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Door	
Walls	
Patio	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor
Condition	
Roofing	

COMMENTS:
(ANY ADDITIONAL ROOMS OR FEATURES NOT LISTED)

Tenant Initials: _____ Date: _____

Inspector Initials: _____ Date: _____