

**ADDENDUM
To
MOVE-IN / MOVE-OUT INSPECTION**

THIS ADDENDUM to the MOVE-IN / MOVE-OUT INSPECTION dated the ___ day of _____, 200_ by Resident, (Resident) of _____ Apartments, acknowledges that he/she has been directed to the locations of the **StoveTop FireStop Extinguishers** in apartment number ____ and instructed in the purpose of the extinguishers.

Resident also acknowledges that he/she will be responsible for the replacement cost of the **StoveTop FireStop Extinguishers** at \$30 each or \$60 per pair should the extinguishers not be present at move-out, or should they have been expended.

Agent for Owner

By: _____
Management

Resident

MOVE-IN AND MOVE-OUT

Address City/State/Zip Resident Name:	Apartment Name Apartment # Phone:
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Garage/ Gate Remote	1 garage remote	Garage/ Gate Remote Returned	_____
#Gate Cards Issued		2 #Gate Cards Returned	_____
#Door Keys Issued		2 #Door Keys Returned	_____
#Storage Room Keys		Storage Room Keys Returned	_____
Washer / Dryer	Yes-New	Washer / Dryer Returned	_____
Water Meter Begin Read	N/A	Water Meter End Reading	_____
#Mailbox Keys Issued		1 #Mailbox Keys Returned	_____

Location of Damage	MOVE-IN INSPECTION Resident accepts responsibility for conditions of the Apartment "As Is" with the exceptions listed below. This form is made a part of the lease for the Apartment and existing damages are noted for permanent record.	MOVE-OUT INSPECTION Inspection to determine extent and estimated charges for any deductions to be assessed by Management against Resident's Security and/or Pet Deposit
OUTSIDE		
Lights		\$ _____
Patio		\$ _____
Storage Unit Cleaned		\$ _____
Patio Door		\$ _____
Other		\$ _____
LIVING ROOM		
Carpet		\$ _____
Ceiling Fan		\$ _____
Blinds		\$ _____
Walls/Baseboards		\$ _____
Fireplace		\$ _____
Windows		\$ _____
Vents		\$ _____
Patio Door		\$ _____
Other		\$ _____
DINING ROOM		
Carpet		\$ _____
Light Fixtures		\$ _____
Walls/Baseboards		\$ _____
Vents		\$ _____
Mirrored Walls		\$ _____
Other		\$ _____
KITCHEN		
Vinyl		\$ _____
Light Fixtures		\$ _____
Walls/Baseboards		\$ _____
Counter Tops Clean		\$ _____
Oven/Drip Pans Clean		\$ _____
Broiler Pan Clean		\$ _____
Dishwasher Clean		\$ _____
Fire Stop		\$ _____
Fire Extinguisher		\$ _____
Refrigerator Clean		\$ _____
Cabinets Clean		\$ _____
Sink Clean (Stopper)		\$ _____
Washer & Dryers		\$ _____
Other		\$ _____
HALL		
Carpet		\$ _____
Light Fixtures		\$ _____

MOVE-IN AND MOVE-OUT

Address

Apartment Name

City/State/Zip

Apartment #

Phone:

Resident Name:

Walls/Baseboards		\$ _____
Other		\$ _____
LARGE BATHROOM		
Vinyl		\$ _____
Light Fixtures		\$ _____
Tub/Shower Clean		\$ _____
Sink(s) Clean		\$ _____
Toilet Clean		\$ _____
Walls/Baseboards		\$ _____
Counter Tops Clean		\$ _____
Cabinets Clean		\$ _____
Door(s)		\$ _____
Towel Racks		\$ _____
Other		\$ _____

MOVE-IN AND MOVE-OUT

Address
City/State/Zip

Apartment Name

Apartment #

Phone:

Resident Name:

Location of Damage	MOVE-IN INSPECTION Resident accepts responsibility for conditions of the Apartment "As Is" with the exceptions listed below. This form is made a part of the lease for the Apartment and existing damages are noted for permanent record.	MOVE-OUT INSPECTION Inspection to determine extent and estimated charges for any deductions to be assessed by Management against Resident's Security an/or Pet Deposit
SPARE BATHROOM		
Vinyl		\$ _____
Light Fixtures		\$ _____
Tub/Shower Clean		\$ _____
Sink(s) Clean		\$ _____
Toilet Clean		\$ _____
Walls/Baseboards		\$ _____
Counter Tops Clean		\$ _____
Cabinets Clean		\$ _____
Door(s)		\$ _____
Other		\$ _____
LARGE BEDROOM		
Carpet		\$ _____
Light Fixtures		\$ _____
Walls/Baseboards		\$ _____
Blinds		\$ _____
Windows		\$ _____
Door(s)		\$ _____
Closet Clean		\$ _____
Other		\$ _____
SECOND BEDROOM		
Carpet		\$ _____
Light Fixtures		\$ _____
Walls/Baseboards		\$ _____
Blinds		\$ _____
Windows		\$ _____
Door(s)		\$ _____
Closet Clean		\$ _____
Other		\$ _____
THIRD BEDROOM		
Carpet		\$ _____
Light Fixtures		\$ _____
Walls/Baseboards		\$ _____
Blinds		\$ _____
Windows		\$ _____
Door(s)		\$ _____
Closet Clean		\$ _____
Other		\$ _____
COMMENTS		
		\$ _____
		\$ _____

Move-In Inspection results delivered to Resident

Move-Out Inspection results delivered to Resident

Property Manager Date

Property Manager Date

Resident acknowledges receipt of foregoing Move-In Inspection results, right to inspect prior to taking occupancy, and accepts Move-In Inspection report.

Resident acknowledges receipt of Move-Out Inspection results and accepts Move-Out Inspection and estimated costs.

MOVE-IN AND MOVE-OUT

Address
City/State/Zip

Apartment Name

Apartment #

Phone:

Resident Name:

Resident *Date*

Resident *Date*

Resident acknowledges that they have been directed to the location of the Extinguisher and the Stove-Top Extinguishers and they have been instructed in the proper use of each.

Resident *Date*

NOTE TO RESIDENT: State law requires that you acknowledge the correctness of the Move-In and Move-Out Inspection Report by signing same; or if you disagree, by filing a properly signed written statement of dissent setting forth specifically those items with which you disagree.