INVENTORY LIST

Address of Rental Unit named in lease attached hereto:
___________________________________
___________________________________

This form is to be **COMPLETED AND TURNED IN TO THE DESIGNATED OWNER OR AGENT WITHIN 72 HOURS AFTER CHECK-IN.** Describe condition of each item below. Indicate number of individual items present in unit ( ). Line through any item not applicable and write condition of others. Circle items where damage is indicated.

<table>
<thead>
<tr>
<th>ITEM</th>
<th>CHECK-IN</th>
<th>CHECK-OUT</th>
<th>VALUE/DAMAGE CLAIM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KITCHEN</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Fire Extinguisher</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Cabinets</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Sink</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Stove</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Refrigerator</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Table &amp; Chairs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Light Fixtures</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Walls &amp; Ceiling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Curtains/shades</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Window Locks</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| **LIVING ROOM** | | | |
| 1. Couch ( ) | | | |
| 2. Chairs ( ) | | | |
| 3. End Tables ( ) | | | |
| 4. Lamps ( ) | | | |
| 5. Carpet | | | |
6. Floors
7. Walls
8. Ceiling
9. Curtains/shades
10. Window locks
11. ________________
12. ________________

BEDROOM
1. Lamps (    )
2. Desks (    )
3. Chairs (    )
4. Beds (    )
5. Mattresses (    )
6. Curtains (    )
7. & rods (    )
8. Shades (    )
9. Lt. Fixtures (    )
10. Window locks
11. ________________
12. ________________

BATHROOM
1. Sink
2. Bathtub
3. Shower Curtain
4. Shower Rod
5. Cabinet
6. Mirror
7. Wall & tile
   (Bathroom continued)
8. Shades (    )
9. Stool & seat
10. Walls
11. Window locks

12. ______________

13. ______________

GENERAL

1. Curtains ( )

2. & rods ( )

3. Window Panes ( )

4. Screens ( )

5. Carpet

6. Ceiling

7. Floors

8. Doors:
   - Front Exterior:
     - Condition
     - Locks

9. Doors:
   - Front Interior:
     - Condition
     - Locks

10. Doors:
    - Back Exterior:
      - Condition
      - Locks

11. Doors:
    - Back Interior:
      - Condition
      - Locks

12. Door frames/jams
    - Front
    - Back

12. ______________

13. ______________

14. ______________
During my occupancy, I understand that I am responsible for the condition of this facility excepting reasonable wear and tear, fire, thefts not due to my negligence, and Acts of God.

Damages assessed MUST BE IN WRITING and will be prorated amongst the tenants in cases of multipeople units. Any money for damage is to be taken from tenants’ damage deposit only.

CHECK-IN DATE: _____________________
CHECK-OUT DATE:____________________

______________________________
LESSOR (or authorized agent acting for Lessor)

______________________________  ________________________________
LESSEE                           LESSEE

______________________________  ________________________________
LESSEE                           LESSEE