

MN RENTING LLC

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RECEIPT FOR INVENTORY CHECKLIST AND LEASE

The tenant acknowledges receipt of two inventory checklist forms and a signed copy of the lease for the premises located at _____
_____. If one completed checklist is not returned to the landlord within 7 days after obtaining possession of the rental unit, the landlord and the tenant may assume that no real or personal property on the premises is damaged or flawed in any respect.

Signed:

_____ Tenant	_____ Date	_____ Landlord	_____ Date
_____ Tenant	_____ Date	_____ Landlord	_____ Date
_____ Witness	_____ Date		

INVENTORY CHECKLIST FORM

Tenant's Name: _____ Move-In Date: _____

Property Address: _____ Move-Out Date: _____

Date and Number of Keys/Openers Delivered to Resident: _____

MASTER BEDROOM	BATHROOM
Walls/Ceilings	Walls/Ceilings
Floors	Floors
Windows	Light Fixture
Screens	Sink
Window Covering	Toilet
Light Fixture	Tub/Shower
	Medicine Cabinet
BEDROOM	Window
Walls/Ceiling	Window Covering
Floors	Exhaust Fan
Windows	Towel Racks
Screens	
Window Covering	BATHROOM
Light Fixture	Walls/Ceilings
	Floors
BEDROOM	Light Fixture
Walls/Ceiling	Sink
Floors	Toilet
Windows	Tub/Shower
Screens	Medicine Cabinet
Window Covering	Window
Light Fixture	Window Covering
	Exhaust Fan
BEDROOM	Towel Racks
Walls/Ceiling	
Floors	OTHER _____
Windows	
Screens	
Window Coverings	
Light Fixture	
LIVING ROOM	SERVICE EQUIPMENT
Walls/Ceiling	Air Conditioner
Floors	Furnace
Light Fixture	
Windows	UTILITY AREA
Window Covering	Floors
Screens	Walls/Ceiling
Fire Place	Washer Dryer
DINING ROOM/AREA	GARAGE/STORAGE
Walls/Ceiling	Walls/Ceiling

Floors	Floors
Light Fixture	Light Fixture
Windows	Windows
Screens	Screens
Window Covering	
EXTERIOR	LAWN/LANDSCAPE
Walls	
Trim	
KITCHEN	MISCELLANEOUS
Walls/Ceiling	Door Opener
Floors	Keys
Windows	
Screens	
Window Covering	
Light Fixture	
Sink	
Cabinets	
Range & Oven	
Refrigerator	
Dishwasher	
Garbage Disposal	

Tenant has inspected the above premises prior to occupancy and accepts it subject to the conditions and/or exceptions noted above. Tenant agrees to deliver the premises in like condition upon termination of the tenancy, normal wear and tear excepted.

The undersigned acknowledges that the above is the condition of the Property on moving in. the undersigned acknowledges that the above is the condition of the Property on moving out.

 Tenant

 Tenant

 Witness

 Landlord

 Landlord

ITEMIZED CHARGE SUMMARY

- **For Office Use only to be completed at lease end and returned with balance Deposit.**

Keys/Locks: Unit \$ _____ Entry \$ _____ Mailboxes \$ _____ Other \$ _____	TOTAL \$ _____
Cleaning: _____ Hours x \$ _____ Wage = \$ _____; Materials \$ _____	TOTAL \$ _____
_____ Hours x \$ _____ Wage = \$ _____; Materials \$ _____	TOTAL \$ _____
Carpet \$ _____ Drapes \$ _____ Other \$ _____	TOTAL \$ _____
Painting: _____ Hours x \$ _____ Wage = \$ _____; Materials \$ _____	TOTAL \$ _____
_____ Hours x \$ _____ Wage = \$ _____; Materials \$ _____	TOTAL \$ _____
Unpaid Rent: Dates from _____ to _____ + Late Fee \$ _____	TOTAL \$ _____
Utility Bills: \$ _____ Other: \$ _____	TOTAL \$ _____

Actual charges. Attach copies of all itemized invoices, estimates and receipts to this report.
 Tenant Forwarding Address: _____