

# **MN RENTING LLC**

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## **Inventory Checklist and Receipt**

To determine if there is any damage to a home after tenancy, use this form before you or your tenant/buyer take possession.



## INVENTORY CHECKLIST FORM

Tenant's Name: \_\_\_\_\_ Move-In Date: \_\_\_\_\_

Property Address: \_\_\_\_\_ Move-Out Date: \_\_\_\_\_

Date and Number of Keys/Openers Delivered to Resident: \_\_\_\_\_

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

<b>DINING ROOM/AREA</b>	<b>GARAGE/STORAGE</b>
Walls/Ceiling	Walls/Ceiling
Floors	Floors
Light Fixture	Light Fixture
Windows	Windows
Screens	Screens
Window Covering	
<b>EXTERIOR</b>	<b>LAWN/LANDSCAPE</b>
Walls	
Trim	
<b>KITCHEN</b>	<b>MISCELLANEOUS</b>
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.

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### ITEMIZED CHARGE SUMMARY

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

Note: Amounts followed by an "E" indicate estimated charges. All other amounts indicate Actual charges. Attach copies of all itemized invoices, estimates and receipts to this report.

Tenant Forwarding Address: \_\_\_\_\_