

I-House (long-term) Condition of Rental Property Checklist

- Instructions: Resident completes this checklist within three days of moving in and the resident and I-House Staff review property and completed checklist together and mutually agree on the condition of the property upon move-in by signing this form.
- Each party keeps a copy of the signed checklist.
- Resident and I-House Staff use the move-in checklist during the pre-move out inspection and again to
 determine if the resident needs to pay any fees for repairs, cleaning, and damage after move-out.
 (Please see the RIKEN International House Manual for Long-term Residents: Rules and Guidelines: Responsibility for Maintaining
 the I-House (long-term) Unit in its Original State)

| Building and Unit | |
|----------------------------|--|
| Resident Name (Print) | |
| I-House Staff Name (Print) | |

Please include a brief description in the "Condition" column if you find any problems.

| ITEM | CONDITION ON ARRIVAL | CONDITION ON DEPARTURE |
|--------------------------------|-------------------------------------|------------------------|
| Wall, Floor, Lights Ceiling | Example: damage, stains, mold, etc. | |
| Living/Dining | | |
| Bed Room | | |
| Kitchen | | |
| Laundry | | |
| Bath Room | | |
| Toilet | | |

| Study Room | | |
|--------------------------------|------------------------------------------------------------------------------------|--|
| Window, Curtain | Example: damage, cracks, deformation, stains, etc. | |
| Living Dining | | |
| Bed Room | | |
| Study Room | | |
| Doors | Example: damage, deformation, stains, lost or missing keys, lock damage etc. | |
| Entrance Door | | |
| Door(s) | | |
| Sliding Door(s) | | |
| Furniture | Example: damage, stains, deformation, lost items or missing accessories, etc. | |
| Dining Table | | |
| Dining Chairs | | |
| Living Room Table | | |
| Sofa | | |
| Desk and Chair | | |
| Bed and Side table | | |
| Kitchen Utensils | | |
| Dish cabinet | | |
| Microwave stand | | |
| Appliances | Example: damage, deformation, stains, lost items, aging, missing accessories, etc. | |
| Air Condition <mark>e</mark> r | | |
| Remote Control | | |
| TV and TV Table | | |
| Va <mark>cuum C</mark> leaner | | |
| Was <mark>hin</mark> g Machine | | |
| Dryer | | |
| Iron and Ironing Board | | |
| Refrigerator | | |
| Oven Toaster | İ | |
| Microwave | İ | |
| Rice Cooker | | |
| Electric Kettle | | |
| Gas stove | İ | |
| Exhaust fan | | |
| Telephone | | |
| Door bell | | |

| Internet Modem | | | | |
|--------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|--|--|--|
| Flash Light | | | | |
| Fire Extinguisher | | | | |
| Sanitary conditions | Example: damage, stains, deformation, lost items, clogging, worn gaskets , etc. | | | |
| Kitchen | | | | |
| Bath & Wash Room | | | | |
| Toilet | | | | |
| Beddings & Linen | Example: stains, lost items, etc. | | | |
| Bed Pad | | | | |
| Sheets | | | | |
| Blanket | | | | |
| Comforter | | | | |
| Covers for comforter | | | | |
| Pillow | | | | |
| Pillowcases | | | | |
| Bathroom Linen | Example: stains, lost items, etc. | | | |
| Bath Mat | | | | |
| Bath Towel | | | | |
| Face Towel | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |
| | | | | |
| LHouse verifies that all contents of the anartment including alarms, fire extinguishers, plumbing, and | | | | |

I-House verifies that all contents of the apartment including alarms, fire extinguishers, plumbing, and electrical are in working order. Residents agree to report any problems immediately to I-House Staff, if possible send photos.

| Comments: |
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By signing below the resident and I-House Staff acknowledge and agree to all of the following:

- The checklist prepared above is mutually agreed upon by both the resident and the I-House Staff.
- The conditions of the room were checked and identified as mentioned above.
- The resident agrees to pay for any damage to the facilities or fixtures caused by their negligence, and for special cleaning costs if it is required for conditions that do not meet normal cleaning criteria, as determined by the I-House Staff.

| MOVE-IN INSPECTION DATE |
|------------------------------------------|
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| I-House Staff Name (Sign) |
| 1-House Staff Mairie (Sign) |
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| Resident Name (Sign) |
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| MOVE-OUT INSPECTION DATE |
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| I-House Staff Name (<mark>Sig</mark> n) |
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| Resident Name (Sign) |
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