

MULTIFAMILY NW

The Association Promoting Quality Rental Housing

SAMPLE SAMPLE SAMPLE

## APPLIANCE ADDENDUM



DATE	PROPERTY NAME / NUMBER					
RESIDENT NAME(S)						
UNIT NUMBER	STREET ADDRESS					
CITY		STATEZIP				
APPLIANCES SUPPLIED BY OWNER/AGENT SAMPLE						

Resident hereby acknowledges that the appliances listed below have been provided by Owner/Agent to be used exclusively in the Unit. Resident agrees: (a) to use all appliances in strict compliance with all manufacturer's instructions (which can be found online); (b) not to move, remove or alter the appliances; (c) to notify Owner/Agent immediately if any appliances are damaged, leaking or not functioning properly; and (d) to return the appliances at the end of the tenancy in the same condition as when provided by Owner/Agent, normal wear and tear excepted. Resident is responsible for all damages arising from failure to follow the rules above, or any improper use of the appliances.

Resident certifies that he/she has inspected the appliances and that the appliances are properly installed and in good condition and working order. If signed at move-in, Resident agrees to notify Owner/Agent of any deficiencies within five days.

APPLIANCE (check if supplied)	MAKE	MODEL	SERIAL NUMBER
X Refrigerator	SAMPLE	SAMPLE	SAMPLE
🔀 Dishwasher	SAMPLE	SAMPLE	SAMPLE
X Range	SAMPLE	SAMPLE	SAMPLE
Microwave	SAMPLE	SAMPLE	SAMPLE
🗙 Washer	SAMPLE	SAMPLE	SAMPLE
🗙 Dryer	SAMPLE	SAMPLE	SAMPLE
X Air Conditioner	SAMPLE	SAMPLE	SAMPLE
X SAMPLE	SAMPLE	SAMPLE	SAMPLE
X SAMPLE	SAMPLE	SAMPLE	SAMPLE
X SAMPLE	SAMPLE	SAMPLE	SAMPLE

## APPLIANCES SUPPLIED BY RESIDENT SAMPLE

X Resident may not supply any appliance for use on the Premises.

- Resident may supply their own appliances, subject to the following rules:
  - Resident agrees that for any appliances Resident brings on the Premises:
    - 1. Resident must obtain prior written consent from Owner/Agent for any appliances supplied by Resident and shall comply with all rules related to air conditioners.
    - 2. Proper installation is critical to avoid damages, costly repairs and great inconvenience. Therefore:
      - A. Such appliances must be installed in full compliance with all manufacturer's instructions. A professional is strongly recommended to perform any installation.
      - B. Be careful when moving appliances as Resident is responsible for any damage to floors, walls, cabinets or any other part of the Premises damaged while moving an appliance.
      - C. Written consent from Owner/Agent is required prior to installing any washing machine or any other appliance connected to plumbing. Owner/Agent has the right to inspect any installation, reinstallation, etc. or any adjustment of or to a washing machine or any other appliance connected to plumbing.
      - D. For washing machines, an attachment must be installed to prevent the drainage hose from accidentally coming out of the drain pipe.
      - E. Resident will be responsible for any damages resulting from any malfunction of the washing machine, leaking washing machine or the drainage hose coming loose from the drain pipe, or any malfunction of any other appliance attached to plumbing.
    - 3. Resident must operate all appliances in full compliance with the manufacturer's instructions.
    - 4. Resident must maintain all appliances in good working order and Owner/Agent does not repair any Resident provided appliances.
    - 5. Resident must remove from the Premises any appliances Resident provided upon termination of the tenancy and is responsible for any damages caused as a result of such removal.
    - 6. Resident is responsible for any damages caused by appliances that are provided by Resident(s) on or about the Premises.

The provisions contained in this document are incorporated as part of the parties' Rental Agreement. Failure to comply with any of the terms herein constitutes a material violation of the Rental Agreement.

XSAMPLE	SAMPLE	XSAMPLE	SAMPLE
RESIDENT	DATE	RESIDENT	DATE
X X	SAMPLE	X X	SAMPLE
RESIDENT	DATE	RESIDENT	DATE
SAMPLE	SAMPLE	SAMPLE	SAMPLE
SAMPLE	SAMPLE	X OWNER/AGENT	DATE
	ON SITE RESIDE	NT DAIN OFFICE (IF REQUIRED)	