

KACENA REAL ESTATE MANAGEMENT LLC
PO BOX 776
IOWA CITY IA 52244
info@k-rem.com
319-354-0386

_____, 2011

Dear Tenant(s):

Your lease will terminate at 9:00 a.m. on _____, 2011. We would like to provide you with some important information concerning your lease termination and move-out. Some of this information may seem redundant as it is stated in your lease, or it may seem obvious to you. However, our intent is to answer the questions that are most commonly asked this time of year. Also, this information will be helpful for you to assist us in expediting the return of your security deposit report/refund. Please see the enclosed information and note the following:

1. You must have completely vacated the unit **no later than 9:00 a.m. on _____, 2011.**
2. Any keys to the unit and/or mailbox and/or garage door opener **must be returned to the office. Do not leave them in the unit!**
3. You **must** provide us with your forwarding address, *in writing*, at our office in order to receive the deposit.
4. Your security deposit refund and/or report will be mailed to you **within 30 days from the last day of your lease or receipt in writing of your forwarding address, whichever is later.**
5. Please **do not** call the office to inquire as to when you will receive your deposit. Rest assured we process all deposits as quickly as possible. Certain times of the year are busier than others.
6. We will inspect your unit only after you have completely vacated and turned in your keys. You will need to schedule an appointment with our office to do the inspection, however if upon arrival you have not completed all required work, this inspection is final.
7. Your security deposit **may not** be used for your last month's rent.
8. Remember the carpet in your unit needs to be professionally (no do it yourself rentals) cleaned. You should arrange for carpet cleaning as early as possible to make sure carpet cleaning companies can get you on their schedule. Failure to make this arrangement will result in a **\$50.00** scheduling fee if our office has to schedule this for you. A copy of the paid receipt left on the kitchen counter is required as proof that this has been taken care of.

I have enclosed a check out list that we will use when we inspect please use this for preparing for the move out. There are four carpet cleaning companies listed that have been approved for our company. They are as follow:

Premier Cleaning of Iowa City:	631-2519
Premier Carpet Care	563-608-6059
Americlean Carpet:	354-4577

We hope you find this information beneficial. Thank you in advance for your cooperation, and **Good Luck on your move!**

**KITCHEN
Clean**

Done

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Door inside/outside_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Pantry shelves/door_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Closet shelves/door_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Walls_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Switch/outlet covers_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | GFCI Test_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace light bulb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside (1)_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside (2)_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling Fan and Blades_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors sweep/mop/vacuum/edge_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Window –inside/outside/screens_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | –sills/sash/tracks/trough/trim/jamb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Blinds/curtains_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Cabinets- interior/exterior/drawers_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Counter tops/splash_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sink/faucet/ aerator/ sprayer_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Check Disposer/Wrench_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Stove/brand_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - top/sides of top_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - drip pans wash/replace_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - under top_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - knobs/back_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - oven_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - door_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - racks_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - replace light bulb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - drawer_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - floor under stove_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - broiler pan_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Hood Vent- exterior/filter/light bulb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Microwave- exterior/interior_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Refrigerator model_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - defrost_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - inside/fresh food/freezer_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - front/top/sides/ seals/handles_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - replace light bulb_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - floor underneath_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | - back_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dishwasher door-run cleaner_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dust high/low_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler head_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Base_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other_____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vent/register covers_____ |

DINING AREA

Clean

Done

- Doors inside/outside_____
- knob/trim/jamb_____
- Walls _____
- Ceiling _____
- Switch/outlet covers_____
- Replace light bulb_____
- Light fixture-inside/outside_____
- Ceiling Fan and Blades _____
- Floors- Sweep/mop/vacuum/edge _____
- Window –inside/outside/screens_____
- sills/sash/tracks/trough/trim/jamb_____
- Blinds/curtains_____
- Dust high/low_____
- Vent/register covers_____
- Sprinkler head_____
- Base_____
- Other_____

ENTRY/FOYER

Clean

Done

- Door inside/outside_____
- knob/trim/jamb_____
- Closet shelves/door_____
- knob/trim/jamb_____
- Walls _____
- Ceiling _____
- Switch/outlet covers_____
- Light fixture-inside/outside_____
- Floors- Sweep/mop/vacuum/edge _____
- Window –inside/outside/screens_____
- sills/sash/tracks/trough/trim/jamb_____
- Blinds/curtains_____
- Dust high/low_____
- Sprinkler head_____
- Base_____
- Other_____

LIVING ROOM

Clean

Done

- Door inside/outside_____
- knob/trim/jamb_____
- Walls _____
- Ceiling _____
- Switch/outlet covers_____
- Closet shelves/door_____
- knob/trim/jamb_____
- Replace light bulb_____
- Light fixture-inside/outside_____
- Ceiling Fan and Blades _____
- Floors- Sweep/mop/vacuum/edge _____
- Fireplace _____
- Window –inside/outside/screens_____

LIVING ROOM (cont)

Clean Done

- sills/sash/tracks/trough/trim/jamb_____
- Blinds/curtains_____
- Dust high/low_____
- Vent/register covers_____
- Sprinkler head_____
- Smoke Detector Test_____
- Base_____
- Other_____

FAMILY ROOM

Clean Done

- Walls_____
- Ceiling_____
- Switch/outlet covers_____
- Closet shelves/door_____
- knob/trim/jamb_____
- Replace light bulb_____
- Light fixture-inside/outside_____
- Ceiling Fan and Blades_____
- Floors- Sweep/mop/vacuum/edge_____
- Fireplace_____
- Window –inside/outside/screens_____
- sills/sash/tracks/trough/trim/jamb_____
- Blinds/curtains_____
- Dust high/low_____
- Vent/register covers_____
- Smoke Detector Test_____
- Sprinkler head_____
- Base_____
- Other_____

HALL UP/DOWN

Clean Done

- Closet shelves/door_____
- knob/trim/jamb_____
- Walls_____
- Switch/outlet covers_____
- Light fixture-inside/outside_____
- Replace light bulb_____
- Window –inside/outside/screens_____
- sills/sash/tracks/trough/trim/jamb_____
- Blinds/curtains_____
- Floors- Sweep/mop/vacuum/edge_____
- Dust high/low_____
- Vent/register covers_____
- Smoke Detector Test_____
- Sprinkler head_____
- Base_____
- Other_____

STAIRS UP/DOWN

Clean Done

- Walls_____
- Handrail_____
- Landing_____

BATH 2 _____
Clean **Done**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | GFCI Test _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace light bulbs _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside (1) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside (2) _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Fan cover _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Window –inside/outside/screens _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | –sills/sash/tracks/trough/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors- Sweep/mop/vacuum/edge _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sink/faucet/ aerator _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Lav. Top _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Mirror _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Med. cabinet _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vanity-inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Toilet inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | T.P. holder/towel bars _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Tub/surround/ shower head _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Shower/bath doors _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Closet shelves/door _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dust high/low _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vent/register covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler head _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Base _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

BEDROOM 1 _____
Clean **Done**

- | | | |
|--------------------------|--------------------------|--------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Door inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Walls _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Switch/outlet covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Replace light bulbs _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Light fixture-inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling Fan and Blades _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors- Sweep/mop/vacuum/edge _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Closet shelves/door _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Window –inside/outside/screens _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | sills/sash/tracks/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Blinds/curtains _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Dust high/low _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Vent/register covers _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Smoke Detector Test _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Sprinkler head _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Base _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Other _____ |

BEDROOM 2 _____
Clean **Done**

- | | | |
|--------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Door inside/outside _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | knob/trim/jamb _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Walls _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | Ceiling _____ |

BEDROOM 2 _____

Clean **Done**

- Switch/outlet covers _____
- Replace light bulbs _____
- Light fixture-inside/outside _____
- Ceiling Fan and Blades _____
- Floors- Sweep/mop/vacuum/edge _____
- Closet shelves/door _____
- knob/trim/jamb _____
- Window –inside/outside/screens _____
- sills/sash/tracks/trough/trim/jamb _____
- Blinds/curtains _____
- Dust high/low _____
- Vent/register covers _____
- Smoke Detector Test _____
- Sprinkler head _____
- Base _____
- Other _____

BEDROOM 3 _____

Clean **Done**

- Door inside/outside _____
- knob/trim/jamb _____
- Walls _____
- Ceiling _____
- Switch/outlet covers _____
- Replace light bulbs _____
- Light fixture-inside/outside _____
- Ceiling Fan and Blades _____
- Floors- Sweep/mop/vacuum/edge _____
- knob/trim/jamb _____
- Window –inside/outside/screens _____
- sills/sash/tracks/trough/trim/jamb _____
- Blinds/curtains _____
- Dust high/low _____
- Vent/register covers _____
- Smoke Detector Test _____
- Sprinkler head _____
- Base _____
- Other _____

UTILITY

Clean **Done**

- Door inside/outside _____
- knob/trim/jamb _____
- Furnace - replace filter _____
- AC unit _____
- grill _____
- filter _____
- Floors- Sweep/mop/vacuum/edge _____
- Dust high/low _____
- Replace light bulbs _____
- Vent/register covers _____

