**ADDENDUM TO RENTAL AGREEMENT
FOR ADDITIONAL TENANT/ROOMMATE**

By signing below, I: , acknowledge receipt of, have read, and fully understand the rental agreement dated the  day of  **20** , by and between , and Owner, , for the property known as: Address: , City: , WA.

By signing below, each tenant becomes fully responsible for all terms and conditions of said agreement, including, but not limited to the below:

1. Any new resident must fill out an application and meet the requirements and approval of the landlord before move-in. Failure to obtain prior permission for additional roommates will result in a breach of the rental agreement.
2. The security deposit is for the tenancy as a whole and will be refunded only when all residents who are a part of this tenancy vacate and turn the premises over to owner. If a resident is moving out, it is their responsibility to obtain their portion of the security deposit directly from the new, incoming resident or wait until the premises are completely vacated by the remaining residents.
3. Residents are jointly and severally responsible for the entire amount of rent. This means that if one resident doesn’t pay his or her portion of the rent, it is still due and payable in full from the others.
4. Any new resident becomes responsible for any rent currently owed or which will be owed. He or she is also responsible for any damage to the premises, both existing or in the future and any misuse of the premises, both existing or in the future. It is the sole responsibility of the new resident to check for damages and receive an accurate accounting of the rent before he or she moves in.
5. Residents are equally responsible for each other’s guests and any damage or misuse caused by the other residents and/or their guests.
6. I (we) understand that there will be no move out inspection done in conjunction with this transaction. Residents may have an inspection done if they wish. There will be a $100.00 inspection fee for this service. **New Residents assume responsibility for the condition and cleanliness of the unit when they vacate.**\_\_\_ Yes, I (we) would like to schedule an inspection.
\_\_\_ No, I (we) do not wish to have an inspection.

Resident Date Resident Date

Landlord/ Owner Date

**\*\*ALL PARTIES INVOLVED IN THE RENTAL AGREEMENT MUST SIGN THIS FORM TO BE VALID\*\***