

TENANT CHARGES

LOCATION

120

COMMON AREAS

TOTAL CLEANING HOURS 10 X \$48.00 = 480*

$$\begin{array}{r} 480 \\ \hline \text{Total} \end{array} \quad \begin{array}{r} \text{divided by} \\ 3 \end{array} \quad \begin{array}{r} 160* \\ \hline \text{per tenant charge} \end{array} \quad \begin{array}{r} \text{TOTAL } \$ 480 \end{array}$$

TOTALS

Acct #	REGULAR CLEANING	EXTRA CHARGES	TOTAL
RM#1	_____	+	_____ = _____
RM#2	_____	+	_____ = _____
RM#3	_____	+	_____ = _____
RM#4	_____	+	_____ = _____
RM#5	_____	+	_____ = _____
RM#6	_____	+	_____ = _____

PREPARED BY _____ DATE _____

HALLWAYS AND STAIRWELLS

1. Stairs vacuumed/dusted
2. Baseboards wiped
3. Carpets swept

LIVINGROOM

1. Carpet vacuumed
2. All woodwork wiped
3. Trash removed

2

BATHROOM

1. Sweep/wash floors
2. Clean commode
3. Clean sink
4. Clean shower
5. Clean Tub
6. Remove trash
7. Clean Mirror

_____ (pic # _____)
_____ (pic # _____)

8. All woodwork wiped

ALL AREAS (please do do whether it is noted or not) – landlord pays – (keep time separate)

Time spent

1. Wipe all window sills and wells
2. Vacuum all register vents
3. Wipe all light switches
4. Clean all rooms of cobwebs
5. Vacuum all exhaust fans (bath)

FIRE EXTINGUISHERS:

1. Present? Yes or No
2. Discharged? Yes or No
3. Check apt # _____

HOURS WORKEDEm Miller

First initial and last name ONLY

2

total hours

M. Gingerich

First initial and last name ONLY

2

total hours

E. Miller

First initial and last name ONLY

2

total hours

M. Byler
L. Miller2

total hours

KITCHEN

1. Sweep/wash floors *New, light mopping only*
2. Wipe out cabinets/drawers
3. Sink and counters
4. Refrigerator (pic # _____) *Wipe out*

Main part (clean entire outside)

Under and behind

5. Range (pic # _____)

— Top Surface

— Under burners (by pilot light)

— Oven cleaned

— Broiler cleaned

— Around sides

(make sure not to pull range out)

6. Dishwasher (pic # _____)

7. Microwave (pic # _____)

LAUNDRY ROOM

1. Wipe down appliances (pic # _____)

= Sweep basement

— Inside and out

— Clean lint trap

2. Sweep/wash floors

3. Dust behind appliances

120 # 1

BEDROOM

- | | Number of bags |
|----------------------------|----------------|
| 1. Trash Removal | _____ |
| 2. Dusting | _____ |
| 3. Vacuuming | _____ |
| 4. All woodwork wiped | _____ |
| 5. Baseboards wiped | _____ |
| 6. Wipe window sills/wells | _____ |
| 7. Dust for cobwebs | _____ |
| 8. Vacuum screens | _____ |

Pic # _____ description _____

Pic # _____ description _____

EXTRAS

TIME WORKED IN BEDROOM ONLY

L. Miller .25
First initial and last name ONLY total hours

extra pictures of interest

First initial and last name ONLY total hours

Pic # _____ description _____

First initial and last name ONLY total hours

Pic # _____ description _____

Pic # _____ description _____

Pic # description

120 #2

BEDROOM

- | | Number of bags |
|----------------------------|----------------|
| 1. Trash Removal | _____ |
| 2. Dusting | _____ |
| 3. Vacuuming | _____ |
| 4. All woodwork wiped | _____ |
| 5. Baseboards wiped | _____ |
| 6. Wipe window sills/wells | _____ |
| 7. Dust for cobwebs | _____ |
| 8. Vacuum screens | _____ |

Pic # _____ description _____

Pic # _____ description _____

EXTRAS

TIME WORKED IN BEDROOM ONLY

L. Miller .15
First initial and last name ONLY total hours

extra pictures of interest

Pic # _____ description _____

Pic # _____ description _____

Pic # description

120 #3

BEDROOM

- | | | Number of bags |
|----------------------------|-------|----------------|
| 1. Trash Removal | _____ | _____ |
| 2. Dusting | _____ | _____ |
| 3. Vacuuming | _____ | _____ |
| 4. All woodwork wiped | _____ | _____ |
| 5. Baseboards wiped | _____ | _____ |
| 6. Wipe window sills/wells | _____ | _____ |
| 7. Dust for cobwebs | _____ | _____ |
| 8. Vacuum screens | _____ | _____ |

Pic # description

Pic # description

EXTRAS

TIME WORKED IN BEDROOM ONLY

J. Miller .25
First initial and last name ONLY total hours

extra pictures of interest

Pic # _____ description _____

First initial and last name ONLY	total hours
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Pic # _____ description _____

First initial and last name ONLY total hours Pic # _____ description _____