



Location: \_\_\_\_\_

# Resident Request to Furnish By Self/ Pest- free Certification

The undersigned resident wishes to furnish unit with his/ her own items as follows:

<input type="checkbox"/> Bed	<input type="checkbox"/> Sofa	<input type="checkbox"/> Recliner	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mattress	<input type="checkbox"/> Love seat	<input type="checkbox"/> Chair	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bed Spring	<input type="checkbox"/> Desk	<input type="checkbox"/> Closet	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Bedding	<input type="checkbox"/> Bedside Table	<input type="checkbox"/> Dresser	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Dresser	<input type="checkbox"/> Lamp	<input type="checkbox"/> Linens	<input type="checkbox"/> Other: _____

The resident certifies that-

- He/ she was informed of and will abide by the fire safety requirements on certain items such as mattress, upholstered furniture and curtains
- He/ she has made a good faith and thorough inspection of all of the following items:
  - Personal clothing and luggage
  - All furniture
  - Current premises including in the unit- baseboards, carpet and rug edges, between folds of drapery or curtains if any, and all window and door molding
- Based on the inspection, the undersigned resident found no visible signs of pest infestations

Resident agrees to-

- Be bound by Alpine House’s (“facility”) pest management program
- Notify facility staff immediately if there are any signs of pest infestations on premises
- Pay for any cost associated with curing the infestation if the infestation was caused by the resident, for example- resident moved in with roaches in their personal items.

Resident understands that this information is relied on by the facility management and must be returned to management prior to occupancy of the unit. Any false statements and/ or misrepresentations may serve as grounds for breach of the residential agreement and/ or termination of the agreement.

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Resident Name (Print)

\_\_\_\_\_  
Resident Responsible Party Signature/ Name

\_\_\_\_\_  
Date