Apartment and Room Condition Report

Last Name: _____ First Name: _____ MI: _____

Permanent Address (Street, City, State, Zip) _____

Cell Phone #: _____ Hall Name: _____ Apt #: _____ Bedroom: _____

Room Condition Report (RCR): Please carefully check the condition of your room against this form and make any necessary additions or corrections. This form will be used to determine damages to your room during the year. It is important to be accurate to ensure that you are not billed for damages you did not cause.

Abbreviation Legend: LR= Living Room; BR= Bed Room**;** G=Good, F=Fair, P=Poor, M=Missing, NA – Not Applicable

CHECK-IN				CHECK-OUT		
Notes & Damages	**Status**	**Qty.**	**Item**	**Qty.**	**Status**	**Notes & Damages**	**Charges**
			Front Door/Peephole				
			LR Blinds				
			LR Windows/Screen				
			Couch				
			Chair				
			LR End Table				
			LR Smoke Detectors				
			LR Carpet				
			LR Walls				
			LR Ceiling/Light Fixture				
			Thermostat				
			Ethernet / Cable Jack				
			Kitchen Sink				
			Kitchen Floor				
			Kitchen Walls				
			Kitchen Light				
			Bar Stools				
			Recycle Bins				
			Refrigerator				
			Stove				
			Cabinets/ Drawers/ Countertops				
			BR Smoke Detectors				
			BR Carpet/Floor				
			BR Walls				
			BR Ceiling/Light Fixture				
			BR Window/Screen				
			BR Blinds				
			BR Door				
			Trash Can				
			Bed Frame/Mattress				
			Desk				
			Desk chair				
			Dresser				
			Closet Door				
			Phone /Ethernet/ Cable Jack				
			Vanity Cabinets/Countertop				
			Vanity Sink & Mirror				
			Bathroom Door				
			Shower Stall				
			Toilet & Towel Racks				
			Bathroom Light Fixtures				
			Bathroom Floor				
			Coat Closet				
			Dining Table & Chairs				

CHECK-IN: I understand that this form will be used when I vacate my room to determine any damages made during my stay in this room.

Staff Signature: _____ Resident Signature: _____ Date: _____ Time: _____

CHECK-OUT: I have been informed of the damages indicated on this form. I understand that housing staff will make the final assessment for damages and that I will be billed for all damages at current cost of materials and labor. If an item is missing or damaged beyond repair, I will be billed for the replacement item at current costs. I will be financially responsible for any damage that is not recorded on this form at check-in. If a staff member is unable to determine which student is responsible for the damages, the cost will be divided equally amongst all occupants of the apartment at the time of the completion of this document.

Staff Signature: _____ Resident Signature: _____ Date: _____ Time: _____

CHECK– IN		**CHECK– OUT**			Item Condition		Charges
Issue Date	Key Number	Return Date	Staff Initials	Charges	Is the LR & BR clean & free of trash?	Yes / No	
					Are you the last person checking out?	Yes / No	
					Is the refrigerator & kitchen clean?	Yes / No	