Housing Condition Report

Please **PRINT** *clearly!*

Last Name:_____ **First Name:**_____ **Student ID Number:**_____

Building:_____ **Room #:**_____ **Occupants: 1 2 3 4**

Term_____

Residential Living holds you responsible for damages done to the room or its furnishings by you or your guest. Please check your room carefully and describe any damages not listed on this form when you receive it. All items are considered to be in good condition unless otherwise marked. When you check out, this form will be used to assess any damages done during your occupancy. Please contact the **Fix-It-Line, x4687**, to request any repairs.

*A=Needs Repair (normal wear) *B= Needs Repair (due to misuse)	Condition at Move-In		Condition at Check-Out	
Item	Code*	Description/Detail	Code*	Description/Detail
Windows & Handles	A		A B	
Screen	A		A B	
Shades & Blinds	A		A B	
Bookshelves (1per resident)	A		A B	
Desks (1 per residents)	A		A B	
Chair (1 per resident)	A		A B	
Mirrors	A		A B	
Walls	A		A B	
Ceiling	A		A B	
Light Fixtures/Smoke Detector	A		A B	
Bed Frame (1 per)	A		A B	
Mattress & Pad	A		A B	
Closet & Closet Door/Wardrobe	A		A B	
Dresser & Drawer (1 per/2)	A		A B	
Telephone Jack/Cable Box	A		A B	
Sink (if applicable)	A		A B	
Towel Rack (1 per)	A		A B	
Floor	A		A B	
Radiator	A		A B	
Doors	A		A B	
Medicine Cabinet	A		A B	
Shower/Toilet/Bathroom	A		A B	
Ladder (if applicable) (1 per)	A		A B	
Other:	A		A B	
Keys		1. 2.		1. 2.

FORWARDING ADDRESS

(Fill out at check-out)

_____
Street

_____
City, State Zip

_____
Phone

Please check the following box that applies:

- ❑ I have signed a contract for future on-campus housing.
- ❑ I have not signed a contract for on-campus housing and I do not intend on returning to on-campus housing.

DAMAGE CHARGES

Damages &/or Charge Descriptions	Charge ($)
TOTAL	

I report the condition of my room at the time of my occupancy to be as detailed above. I accept responsibility for the proper care of my room and for the Residential Living and University policies related to my room. I, the resident, realize that upon signing this form when checking in. I must also complete this form when checking out with a Residential Living staff member. Failure to do so will hold me responsible for all damages in the room, in addition to a fine for improper check-out. I will also be charged for cleaning if the room is not in the same condition as at check-in.

_____ _____
Student Signature (Check-In) *Date* *Residential Living Staff* *Date*

You **must** officially check out of your room and surrender your keys to a Residential Living staff member. ***Failure to do so will result in a $50 improper checkout fee.***

I acknowledge that the condition of the room was checked against this form in my presence at the time of Check-out. I also understand that I may be charged for any additional damages found by Residential Living Professional Staff after I check out of my room.

_____ _____
Student Signature (Check-In) *Date* *Residential Living Staff* *Date*

White: Residence Life Yellow: Hall Pink: Resident at Checkout

SAMPLE ONLY
Actual copy will be in your room when you arrive in August