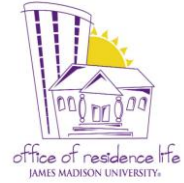


NAME:
STUDENT ID:
HALL/ROOM:
KEY CODE #:
KEY ISSUE #: _____



Room Condition Form (RCF)

This Room Condition Form (RCF) is a document that shows the condition of your room when you moved in. It will be used as a tool to measure the condition of the room when you move out. **If there are damages in your room and they are not noted on the check-in RCF, you could be held financially responsible for repairs after check-out.** Failure to return your room to the same condition as when you checked in, except for normal wear & tear, could result in charges being assessed to you, your roommates and/or suitemates. In addition, failure to follow check out procedures will result in an Improper Check Out fine of \$50.

Instructions to Resident: Please read and initial the following conditions acknowledging your room responsibility. After completion, please sign and date the check in section of the RCF.

____ I acknowledge that I have inspected and have noted the presence and condition of all items at the time of check-in.

____ I acknowledge responsibility for maintaining the condition of this room and its contents, (including responsibility for damages resulting from my actions or those of my guests) until I officially complete check-out procedures for this specific room.

____ I understand that after my Resident Advisor or Sorority House Manager checks me out of my room, other Residence Life staff members will inspect the room to assess the final check out condition.

____ I understand that upon vacating this room, I must dispose of my trash in the dumpster provided outside of the building. I also understand that I must sweep my room and common area. Otherwise, I will be charged a \$50.00 minimum trash fee. In addition, I understand that if I leave non-university furniture or other items in the room (e.g. cinderblocks, chair, etc.), I will be charged for removal of the items.

____ **I understand that I will be held financially responsible for the condition of my mattress at check out. Mattresses have been color coded with dots located on the side. I have been assigned the mattress with the following color (circle one):**

RED GREEN YELLOW WHITE

____ I understand that if I do not turn in my key at the time of check-out, a lock change will be done and I will be charged \$50.00 for that lock change.

PLEASE NOTE: When you are placing items on your walls, please use materials that will safely release from the walls without damage. Nails, screws, duct tape, double-sided tape/carpet tape, and other such aggressive materials will damage the walls and you will be billed for the damage.

- For cinderblock: use poster putty (the white, not blue kind) or hooks with non-damaging adhesives.
- For drywall: use thumb tacks/push pins

When properly used, these materials do not damage the facility.

CHECK IN SIGNATURES

____/____/____
Date of Check In

Student Signature

Resident Adviser/House Manager Signature

This Room Condition Form must be returned to a hall staff member within 4 days following check in. Failure to do so could result in an Improper Check In fine of \$50.

CHECK OUT SIGNATURES

____/____/____
Date of Check Out

_____am pm
Time of Check out

Student Signature

Resident Adviser/House Manager Signature

NAME:
HALL/ROOM:

CHECK IN			CHECK OUT		
ITEM	CHECK-IN CONDITION	CHECK-IN NOTES	CHECK-OUT CONDITION	CHECK-OUT NOTES	BILLING INFORMATION
Desk			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Desk Chair			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Dresser			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Closet			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Bed			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Mattress			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Screens			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Window Covering			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Walls			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Ceiling			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Floor			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Bathroom			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
COMMENTS:					

SAMPLE!

TO BE COMPLETED BY HALL STAFF MEMBER:

KEY RETURNED?	YES _____	NO _____
IMPROPER CHECK OUT?	YES _____	NO _____

NAME:
HALL/ROOM:

SUITE CONDITION

CHECK IN			CHECK OUT		
ITEM	CHECK-IN CONDITION	CHECK-IN NOTES	CHECK-OUT CONDITION	CHECK-OUT NOTES	BILLING INFORMATION
Suite Furniture Chairs 2 Love Seat 1 Table: 1			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Window Coverings			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Screens			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Floor			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Walls			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Ceiling			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Door			<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor <input type="checkbox"/> Not Present		<input type="checkbox"/> Picture <input type="checkbox"/> This Resident <input type="checkbox"/> Roommate <input type="checkbox"/> All
Comments:					