

**NAME:**  
**STUDENT ID:**  
**HALL/ROOM:**  
**KEY CODE:**  
**KEY ISSUE:**



# Room Condition Form

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.

**Instructions to Resident: Please read and initial the following conditions for room responsibility. After completion, please sign and date 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.
- I understand that if I leave non-university furniture or other items in the room (e.g., couch, chair, cinderblocks, etc.), I will be charged for removal of the items.
- I have been assigned mattress A B C D (circle one) and will be held responsible for the condition of that mattress.
- 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.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Checked In                      Student Signature                      RA/HM Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_ am      pm      Were keys turned in?      YES \_\_\_\_\_      NO \_\_\_\_\_  
Date Checked Out      Time checked out

\_\_\_\_\_  
Student Signature                      RA/HM Signature

If you are experiencing phone or cable problems, call Telecom directly at x86471. If you are having problems with your computer, call the Help Desk at x83555.

**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. Suggestions for acceptable materials include poster putty (the white, not blue kind) or hooks with non-damaging adhesives such as 3M's Command Adhesive products and thumb tacks for drywall. When properly used, these materials do not damage the facility.**

NAME:  
HALL/ROOM:

ITEM	CHECK-IN NOTES	CHECK-IN	CHECK-OUT	CHECK-OUT NOTES	BILLING INFORMATION
Desk		Good	<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		Good	<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		Good	<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		Good	<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		Good	<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		A: Good B: Good C:	<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		Good	<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
Mini Blinds		Good	<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
Roller Shades			<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		Good	<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		Good	<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		Good	<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		Good	<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: