



# Apartment Condition Report

## Wheatshocker Apartments

Check-in Date \_\_\_\_\_ Check-out Date \_\_\_\_\_  
Shaft \_\_\_\_\_ Staff \_\_\_\_\_

Name \_\_\_\_\_ Apartment \_\_\_\_\_ A/B  
Last (Family name) First Middle

**Notice To Resident:** Please review the condition of all items listed. Note the condition of all items listed. Note the condition in appropriate spaces. When you vacate this room, all items will be checked and compared with the conditions you list. You will be charged for damages and/or cleaning charges beyond normal use and wear. **Please sign your name at the bottom of this form acknowledging the listed information and condition and return all copies to your Community Assistant**

Location	Check-In Condition	Check-Out Condition	Charge
<b>Entrances</b>			
Front storm door (first floor only)			
Front door			
Outside lights (first floor only)			
Inside lights			
<b>Living room</b>			
Walls			
Ceiling			
Floors			
Windows, screens, mini-blinds			
Light cover and bulbs			
Electrical outlets			
Light Switch			
TV and data outlet			
<b>Kitchen-Dining area</b>			
Walls			
Ceiling			
Floors			
Light cover and bulbs			
Electrical outlets			
Light switch			
Counter tops			
Cabinets			
Sinks			
Garbage disposals			
<b>Range</b>			
Burners			
Knobs			
Drip pan (surface)			
Range hood/fan/light			
<b>Oven (Microwave in accessible units)</b>			
Oven Rack			
Face Plate			
<b>Refrigerator</b>			
Trays/Shelves			
Door racks			
Freezer door			
Freezer compartment			
Door handles			
Meat drawer			
Refrigerator door			
Refrigerator compartment			
<b>Bathroom</b>			
Walls			
Ceiling			

