

Apartment Condition Report

Wheatshocker Apartments		Check-in DateShaft_	
Nama			
NameLast (Family name)	First	Middle Apartment	A/D
Notice To Resident: Please review the condition of	of all items listed. Note the condition of all items listed. I	Note the condition in appropriate spaces. When you v	acate this room, all items will be checked
and compared with the conditions you list. You we the listed information and condition and return	rill be charged for damages and/or cleaning charges bey	ond normal use and wear. Please sign your name at t	he bottom of this form acknowledging
Location	Check-In Condition	Check-Out Condition	Charge
Entrances	CHECK III CONGRESS	Check out condition	Charge
Front storm door (first floor only)			
Front door			
Outside lights (first floor only)			
Inside lights			
Living room			
Walls			
Ceiling			
Floors			
Windows, screens, mini-blinds			
Light cover and bulbs			
Electrical outlets			
Light Switch			
TV and data outlet			
Kitchen-Dining area			
Walls			
Ceiling			
Floors			
Light cover and bulbs			
Electrical outlets			
Light switch			
Counter tops			
Cabinets			
Sinks			
Garbage disposals			
Range			
Burners			
Knobs			
Drip pan (surface)			
Range hood/fan/light			
Oven (Microwave in accessible units)			
Oven Rack			
Face Plate			
Refrigerator			
Trays/Shelves			
Door racks			
Freezer door			
Freezer compartment			
Door handles			
Meat drawer			
Refrigerator door			
Refrigerator compartment			
Bathroom			
Walls			
Coiling			

Location	Check-Out Condition	Check-Out Condition	Charge
Bathroom, continued			
Floors			
Medicine cabinet(s)			
Sink(s)			
Toilet			
Tub/shower			
Door			
Light cover and bulbs			
Electrical outlets			
Light switch			
Towel bars # ()			
First bedroom			
Walls			
Ceiling			
Floors			
Door			
Light cover and bulbs			
Electrical outlets			
Light switch			
Windows, screens, mini-blinds Closets/Closet doors			
Heating/AC unit			
TV and data outlet			
Second bedroom			
Walls			
Ceiling			
Floors			
Door			
Light cover and bulbs			
Electrical outlets			
Light switch			
Windows, screens, mini-blinds			
Closets/Closet doors			
Heat/AC unit			
TV and data outlet			
Miscellaneous			
Hallways			
Additional closets/closet doors			
Furnished Units			
Bed frame			
Mattress			
Desk/Hutch			
Desk chair			
Dresser			
Kitchen table			
Kitchen chairs (4)			
Improper checkout		Cleaning/Maintenance Total \$	
To Be Signed After Checking Into Room I acknowledge and agree to all information listed room beyond normal use and wear Signature of Resident	in the check-in section and understand that I ar	n responsible for all damages and/ or cleaning charges which Housing and Residence Life's Signature	n may occur during my occupancy in this Date
To Be Signed After Checking Into Room			
I acknowledge all the information listed in the cor	mment sections. I understand that I will be char	ged for all damages and/ or cleaning beyond normal use and	l wear.
Signature of Resident	Date	Housing and Residence Life's Signature	Date