

Resident Check-In and Check-Out Agreement

Resident Name: _____ Room #: _____
 Chapter: _____ Property Address: _____
 Room Type: Single Double Roommate's Name: _____
 Room Key #: _____

For each item of the property, thoroughly inspect the condition. Provide a detailed description of the condition and a picture if there is damage, concern or maintenance needed.

Bedroom	Check-In Condition	Check-Out Condition	Check-In Notes/Concerns
Windows/Blinds/Screens			
Door/Locks/Security			
Flooring			
Walls			
Ceiling			
Light Fixtures			
			Check-Out Notes/Concerns
Outlets			
Closet			
Shelving			
Smoke Detector			
Cleanliness/Trash			

Furniture	Check-In Condition	Check-Out Condition	Check-In Notes/Concerns
Bed Frame/Mattress			
Desk			
Desk Chair			
Dresser			
			Check-Out Notes/Concerns

Bathroom Cont.	Check-In Condition	Check-Out Condition	Check-In Notes/Concerns
Windows/Blinds/Screens			
Door/Locks/Security			
Flooring			
Walls			
Ceiling			
Light Fixtures			
Outlets			Check-Out Notes/Concerns
Toilet			
Shower/Tub			
Vanity/Sink			
Towel Bars			
Smoke Detector			
Cleanliness/Trash			

Additional Notes/Concerns:

I have examined the bedroom and bathroom assigned to me prior to my occupancy of the above referenced room and have made note of the condition, problems or damaged items for the purpose of protecting my security deposit. Failure to fully complete this agreement and provide to WPN, could result in a reduction of the security deposit.

I understand that upon vacating this room, I may be held responsible for any damages to the bedroom and bathroom assigned to me other than those listed above. I further acknowledge that I have been assigned room keys and that I am responsible for any costs that may be incurred in the event of the loss of said key(s).

Check-In Date: _____

Resident Signature: _____

Date: _____

House Manager: _____

Date: _____

Check-Out Date: _____

Resident Signature: _____

Date: _____

House Manager: _____

Date: _____