Sample Room Inspection & Damage Deposit Calculation Sheet

Tenant _____

Parents' Names _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ Cell Phone _____

Room _____ Room Lease Signed? Yes No

Damage Deposit Amount for Current Lease $ _____

Room Inspection

Initial Inspection
Date: _____

Follow-up or
Final Inspection
Date: _____

Charge for Damage
of Needed Work
Date: _____

BEDROOM	MOVE-IN	MOVE-OUT	House Corp	House Manager
Door (s) & Key (s)				
Door Stop				
Closet & Door				
Light Fixture & Bulb				
Switches & Plugs				
Carpet/Flooring				
Walls & Ceiling				
Ceiling				
Windows				
Screens				
Window Coverings				
Window Sills				
Phone Jacks				
Plumbing Fixtures				
Cleanliness				
Other				

Deposit Calculation

Past Deposit Balance Carried Forward $ _____

Remaining Due for Current Lease $ _____

Additional Charges $ _____

Total Balance Due $ _____

Deposit Paid in Full? Yes No Date Paid_____

Total Charged for Damages, Cleaning, Painting, etc. $ _____

Deposit as of Follow-up or Final Inspection $ _____

Amount to Return to or Collect from Tenant $ _____

Paid Amount in Full? Yes No -or- Amount Has Been Returned? Yes No

_____ _____

Date Alumni Corporation Date Tenant Signature