

# Student Housing Lease Return Condition Checklist

Student Name:		Room/Unit Number:	
Move-in Date:		Move-out Date:	

## Checklist Items

Area/Item	Condition (Good / Needs Repair / Damaged)	Notes
Walls		
Flooring/Carpet		
Doors & Locks		
Windows & Screens		
Furniture		
Lighting/Fixtures		
Bathroom		
Kitchen		
Appliances		
Windows Coverings (Blinds/Curtains)		
Closets		
Other		

## Comments

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Student Signature:		Date:	
Inspector/Staff Signature:		Date:	