

# Student Housing Move-In/Move-Out Assessment Form

## Student & Unit Information

Student Name

Student ID

Room/Unit Number

Move-In Date

Move-Out Date

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## Assessment Checklist

Item/Area	Condition at Move-In	Condition at Move-Out	Comments
Walls	<input type="text"/>	<input type="text"/>	<input type="text"/>
Floors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Furniture	<input type="text"/>	<input type="text"/>	<input type="text"/>
Windows/Doors	<input type="text"/>	<input type="text"/>	<input type="text"/>
Bathroom	<input type="text"/>	<input type="text"/>	<input type="text"/>
Kitchen	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other			
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Additional Notes

Signatures

Student Signature

Date

Staff Name

Staff Signature

Date