

FRATERNITY HOUSING CORPORATION

A wholly owned subsidiary of Kappa Alpha Order

SAMPLE

Room Inspection and Damage Deposit Form

Resident: _____ Room #: _____
Home Phone: _____ Work Phone: _____
Permanent Address: _____
Parents' Names: _____
Room Lease Signed: Y N

DEPOSIT INFORMATION

Damage Deposit Amount: \$ _____
Key Deposit Amount: \$ _____
Remaining Due: \$ _____
Additional Charges: \$ _____
TOTAL BALANCE PAYABLE: \$ _____

Deposit Balance Paid in Full: Y N Date Paid _____

ROOM CHECK-IN / CHECK-OUT

	Move In	Move Out	Deposit Deductions for Damage
Walls			
Wall Plugs			
Ceilings			
Fans			
Lights/Bulbs			
Floors			
Windows			
Blinds			
Screens			
Doors			
Counters			
Furniture			
Sink			
Mirrors			
Tab/Shower			
Towel Rack			
Other			

Comments: _____

Photos Attached: Y N _____

DEDUCTIONS

Rent Loss \$ _____
Cleaning Service \$ _____
Painting (Beyond Normal Wear & Tear) \$ _____
Carpet Cleaning \$ _____
Trash Disposal \$ _____
Other: \$ _____
_____ \$ _____
_____ \$ _____

TOTAL DEDUCTIONS \$ _____
AMOUNT OWED TO/FROM TENANT \$ _____

PAID AMOUNT IN FULL: Y N Date: _____

**** NOTE: THIS FORM IS TO BE USED AS AN EXAMPLE FOR CHAPTERS AND HOUSE CORPORATIONS. ROOM INSCTIONS SHOULD BE COMPLETED UPON MOVE-IN AND MOVE-OUT WITH A HOUSE CORPORATION REPRESENTATIVE, THE HOUSE MANAGER, THE HOUSE DIRECTOR AND THE RESIDENT.**