

Department of Residential Life **Apartment Condition Report**

Last Name, First Name

Tech ID

Building/Apt

Bedroom (A, B or C)

Key Code



Check-In Instructions

The purpose of this report is to record the condition of the space prior to and at the end of occupancy. Complete sections highlighted in gray. This report must be completed and returned to a residential life staff member within 24 hours of occupancy. **A resident who fails to return this report within 10 days of occupancy is subject to a \$25 administrative fee.**

I, the resident, certify this is a correct statement of the condition of the space at check-in. I accept responsibility as of this date for these items and conditions, and I understand I will be charged for all damages incurred. I further understand all of the residents, in multiple occupancy spaces, will be held jointly responsible for losses and damages.

Resident Signature at Check-In

Check-In Date

CONDITION	CHECK-IN	CHECK-OUT	Est. \$	CONDITION	CHECK-IN	CHECK-OUT	Est. \$
Bedroom				Kitchen			
Ceiling, Walls & Floors				Sink (faucet & drain)			
Window (glass, screen & blinds)				Range (interior & exterior)			
Door (room & closet)				Range-hood			
Connections (telephone, cable & internet)				Refrigerator			
Electrical (lights, outlets & switches)				Dishwasher			
Closet (interior & exterior)				Countertop			
				Cabinets (interior & exterior)			
Living Room & Hallway				Ceiling & Walls			
Ceiling (living room & hall closet)				Floor			
Floor (living room & hall closet)				Electrical (lights, outlets & switches)			
Walls (living room & hall closet)							
Windows (glass, screen & blinds)				Bathroom			
Door (living room & hall closet)				Sink (faucet & drain)			
Connections (telephone , cable & internet)				Toilet (interior & exterior surfaces)			
Electrical (lights, outlets & switches)				Tub (faucet, drain, curtain rod & surface)			
				Cabinets (interior & exterior)			
Furniture				Walls, Ceiling, Floor, & Door (bath & tub)			
Bed Frame & Mattress				Towel Rack			
Desk & Desk Chair				Mirror			
Dresser				Fan			
Table [in bldgs. 711 & 731 only]							
Stools/Table Chairs (3)				Other			
End Table & Coffee Table				Smoke Detectors			
Sofa & Chairs (2)				Carbon Monoxide Detector			

Check-out Information

Residents who fail to schedule an appointment to properly check-out of their space are subject to a \$50 administrative fee. Charges listed at check-out are estimates.

I, the resident, understand any damage/cleaning charges, as noted at check-out, will be billed to me. I understand additional charges may be added upon final inspection of the space.

Completion of this report indicates the removal of my personal belongings; not release from my Housing Contract. Information about contract release is available from the Residential Life Office (507-389-1011).

Room Key:	<input type="checkbox"/> Returned	<input type="checkbox"/> Not Returned
Mail Key:	<input type="checkbox"/> Returned	<input type="checkbox"/> Not Returned
Check-out:	<input type="checkbox"/> Proper	<input type="checkbox"/> Improper

Resident Signature at Check-out

Check-out Date

Residential Life Staff at Check-out

Check-out Date

White Copy: Office

Yellow Copy: To Resident at Checkout

Pink Copy: To Resident at Check-In



Minnesota State University, Mankato
A member of Minnesota State