



IUPUI

HOUSING AND RESIDENCE LIFE
Division of Student Affairs

North Hall Room Condition Report

Resident Name (please print): _____ Room #: _____

Room Type (please circle): Single Double Room side when entering (please circle): Left Right

Staff Name (please print): _____ Semester: Fall/Spring _____

The Room Condition Report (RCR) is used to note any damages which were present in your room prior to your check in. A rating system of Good (G), Poor (P), and Missing (M) is used. In any case where something is considered "Poor," an explanation must be provided. Please review this form and ensure that all damages are properly noted. It is your responsibility that all damages are recorded on this form. When you move-out, you will be billed for any damages not listed at the time of check-in or for any lost items or non-returned keys. All furnishings must be restored to the original arrangement at the time of check-out.

| ITEM | MOVE-IN CONDITION | | MOVE-OUT CONDITION | |
|---------------------------------|-------------------|--------------------|--------------------|--------------------|
| ROOM | | | | |
| | <i>G/P/M</i> | <i>Description</i> | <i>G/P/M</i> | <i>Description</i> |
| Door | | | | |
| Window | | | | |
| Window Sill | | | | |
| Air Control/Vent | | | | |
| Curtains | | | | |
| Desk | | | | |
| Desk Chair | | | | |
| Ceiling | | | | |
| Bed Frame and Pins | | | | |
| Mattress | | | | |
| Dresser | | | | |
| Closet Interior | | | | |
| Light Fixture | | | | |
| Wall Condition: | | | | |
| With Door | | | | |
| Left of Door | | | | |
| Right of Door | | | | |
| With Window | | | | |
| Smoke Detector | | | | |
| Thermostat | | | | |
| Internet Jack | | | | |
| Lightswitch | | | | |
| Floor | | | | |
| Recycling Bin | | | | |
| BATHROOM (if applicable) | | | | |
| | <i>G/P/M</i> | <i>Description</i> | <i>G/P/M</i> | <i>Description</i> |
| Floor | | | | |
| Door | | | | |
| Ceiling | | | | |
| Walls | | | | |
| Towel Bar(s) | | | | |
| Sink | | | | |
| Shower | | | | |
| Mirror | | | | |
| Toilet | | | | |
| Lighting fixture | | | | |

Move-In:
Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Move-Out:
Resident Signature: _____

Date: _____

Staff Signature: _____

Date: _____