ROOM INSPECTION & DAMAGE DEPOSIT CALCULATION SHEET

Tenant _____

Parents' Names _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Room _____ **Room Lease Signed?** ☐ Yes ☐ No

Damage Deposit Amount for Current Lease $_____

DEPOSIT CALCULATION

Past Deposit Balance Carried Forward $_____

Remaining Due for Current Lease $_____

Additional Charges $_____

Total Balance Due $_____

Deposit Paid in Full? ☐ Yes ☐ No

ROOM INSPECTION

	Initial Inspection	**Follow-up or Final Inspection**	**Charge for Damage or Needed Work**
	Date _____	Date _____	Date _____
Walls			
Floor			
Ceiling			
Window(s) & Screen(s)			
Door(s) & Key(s)			
Cleanliness			
Paint			
Light Fixtures			
Plumbing Fixtures			
Furniture			
Other			

Total Charged for Damages, Cleaning, Painting, etc. $_____

Deposit as of Follow-up or Final Inspection $_____

Amount to Return to or Collect from Tenant $_____

Paid Amount in Full? ☐ Yes ☐ No -or- Amount Has Been Returned? ☐ Yes ☐ No

_____ _____

Date Alumni and Volunteer Corporation Signature Date Tenant Signature