

**CORNELL UNIVERSITY**  
**Fraternity and Sorority**  
**Facility Room Condition Report**

Chapter \_\_\_\_\_ Room # \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Roommate(s): \_\_\_\_\_

This form reflects the state of my room that I have rented from the University. I understand that the room is checked prior to my moving into it, and at the time that I leave the room. I also understand that I am to return the room to the University in good condition. I further understand that I am obligated to schedule a time to check out of my room with the Facility Manager or his/her designee or risk being fined. Finally, I agree that if damage occurs to the room, the cost of repairs will be charged to my bursar bill.

Examples of damage that will result in charges are: damage to or missing furniture; damage to doors; litter, trash, items left in drawers, etc.; holes in doors, woodwork, ceilings; stains on carpet.

<b>Check Point</b>	<b><u>ROOM CONDITION</u></b>	
	<b>at time of Moving In</b>	<b>at time of Moving Out</b>
<b>Walls</b>		
<b>Blinds/Window Treatments</b>		
<b>Windows</b>		
<b>Carpet</b>		
<b>Furniture (Indicate if missing)</b>		
- Bed frame & Mattress		
- Desk		
- Chair		
- Bookshelf		
- Dresser (if applicable)		
<b>Woodwork</b>		
<b>Closet</b>		
<b>Drawers</b>		
<b>Miscellaneous (please specify)</b>		

**Comments:**

**I accept the foregoing evaluation of the room at the time that I rented it.**

Signature of Renter: \_\_\_\_\_

Signature of Facility Manager or designee: \_\_\_\_\_ Date: \_\_\_\_\_

**Having kept my appointment with the Facility Manager (or his/her designee), I accept the foregoing evaluation of the room at the time that I am moving out.**

Signature of Renter: \_\_\_\_\_

Signature of Facility Manager or designee: \_\_\_\_\_

Signature of Facility Director or alumni/ae (indicate which): \_\_\_\_\_ Date: \_\_\_\_\_