

Intern Housing Check-in/Check-out Form

Intern Name:					
Intern Housing Agreeme	ent Signed:	Yes	No		
Damage Deposit Amount: \$		Paid:	Yes	No	
Move-In Date:		Move-Out Date:			
Room:					
Room Inspection					
Bedroom Item	Move-In Conditior			ve-Out dition	
Doors & Keys	Condition	1	Con		
Door Stop					
Closet					
Light Fixture & Bulb					
Switches & Plugs					
Carpet/Flooring					
Walls					
Ceiling					
Windows					
Screens					
Window Coverings					
Window Sills					
Phone/Internet Jacks					
Plumbing Fixtures					
Cleanliness					
Desk					

Bed	
Kitchen	
Refrigerator	

To be completed by Facility Manager

Were any damages found? If yes, list in detail:	Yes	No	Cost of damages: \$
Was additional cleaning needed? If yes, list in detail	Yes	No	Cost of cleaning: \$
Intern damage deposit: Total cost of damages & cleaning: Amount refunded: Amount owed by intern:	\$ \$ \$		
Intern damage deposit returned: Date Returned	Yes	No	
Intern paid damage/cleaning fees: Date Paid	Yes	No	

Move-In

Housing Supervisor	Date
Intern Signature	Date
Move-Out	
Facility Manager	Date
Housing Supervisor	Date
Intern Signature	Date