Unit Condition Form

AMERICAN CAMPUS COMMUNITIES

Resident Name (Print): _____

Unit #		**Move-In Results Hereby Accepted:**		**Move-Out Results Hereby Accepted:**	
Date Scheduled		**Resident:** _____	**Date:**	**Resident:** _____	**Date:**
Time Scheduled		**Manager:** _____	**Date:**	**Manager:** _____	**Date:**
Permission to Enter	Y / N	**Date Received:**		**Date Received:**	

This form is to be filled out, signed above, and returned to the main property office upon Move-In. Be detailed in describing items that were damaged before you moved in. This form will be used upon Move-Out to assess any necessary charges for damages. The resident is responsible for any damages not noted on this form that are found upon Move-Out. Note: Not every unit contains all of the items listed below. This form is not a request for a work-order.

Area & Item Description	Move-In Condition			Move-Out Condition					Charges		
Entry / Living Room	**OK**	**Not OK**	**Comments**	**OK**	**Clean**	**Repair**	**Replace**	**Comments**	**Qty.**	**Cost**	**Total**
Entrance Door / Lock											
Mini Blinds											
Window / Screen											
Sofa											
Side Chair											
Coffee Table											
End Table											
Smoke Detector											
Thermostat / A/C Filter											
Walls / Ceiling											
Light / Fixture / Ceiling Fan											
Floor Tile											
Carpet											
Other:											
Other:				**OK**	**Touch**	**Partial**	**Full**				
Paint											
Clean											
Kitchen Area	**OK**	**Not OK**	**Comments**	**OK**	**Clean**	**Repair**	**Replace**	**Comments**	**Qty.**	**Cost**	**Total**
Microwave											
Refrigerator / Icemaker											
Stove / Range / Vent Hood											
Dishwasher											
Cabinets											
Light / Fixture											
Sink / Faucet / Disposal											
Countertop											
Dining Table											
Dining Chairs / Bar Stools											
Walls / Ceiling											
Smoke Detector / Fire											
Floor Vinyl											
Washer / Dryer											
Other:											
Other:				**OK**	**Touch**	**Partial**	**Full**				
Paint											
Clean											
Bathroom Area	**OK**	**Not OK**	**Comments**	**OK**	**Clean**	**Repair**	**Replace**	**Comments**	**Qty.**	**Cost**	**Total**
Interior Door / Lock											
Light Fixture											
Exhaust Fan											
Vanity Top											
Vanity Sink / Knob											
Mirror / Medicine Cabinet											
Cabinet											
Toilet / Seat / Handle											
Tissue Holder											
Tub / Shower Stall											
Tile / Soap Dish											
Shower Rod / Towel Bar											
Shower Head											
Tub Knob / Faucet											
Walls / Ceiling											
Floor Vinyl / Tile											
Other:											
Other:				**OK**	**Touch**	**Partial**	**Full**				
Paint											
Clean											
Bedroom Area	**OK**	**Not OK**	**Comments**	**OK**	**Clean**	**Repair**	**Replace**	**Comments**	**Qty.**	**Cost**	**Total**
Interior Door / Lock											
Mini Blinds											
Window / Screen											
Light / Fixture / Ceiling Fan											
Closet Door											
Closet Rod / Shelving											
Desk											
Desk Chair											
Desk Lamp / Shelf											
Headboard											
Bed Frame / Headboard											
Mattress											
Boxspring											
Night Stand											
Dresser											
Smoke Detector											
Carpet											
Other:											
Other:				**OK**	**Touch**	**Partial**	**Full**				
Paint											
Clean											
Miscellaneous				**OK**	**Comments**				**Qty.**	**Cost**	**Total**
Trash Removal											
Extermination											
Removal of Furniture											