

SOUTHERN SCHOLARSHIP FOUNDATION: RESIDENT CHECK IN/CHECK OUT FORM

Name _____ House _____ Room # _____ Side: ___ Left ___ Right

Check-In Semester/Year: _____

Check-Out Semester/Year: _____

INSTRUCTIONS

- All sections of this form are to be completed by the HM, in the presence of the resident.
- Resident will be held responsible for the expenses required to repair any new damages to the room.
- Accuracy in filling out this form assures that the resident is not held responsible for any pre-existing damages.
- At the end of the semester, the HM will review the room and note any new damages on THIS form.

ITEM	Check-In		Check-Out	
	OK	NOTE DAMAGES	OK	NOTE DAMAGES
Dresser				
Bed Frame				
Mattresses				
Desk				
Chair				
Bookcase				
Closet				
Closet Doors				
Walls				
Ceiling				
Floor/Carpet				
Window(s)				
Screen(s) & PVC Pipe				
Blinds/Curtains				
Ceiling Light(s)/ Fixture(s)				
Room Door(s) Int./Ext.				

I understand that during my residency and/or upon vacating my room,
I am responsible for the costs to repair any damages to my room that are not identified above.

Check-In	
_____ Signature of Resident	_____ Date
_____ Signature of House Manager	_____ Date

Check-Out	
_____ Signature of Resident	_____ Date
_____ Signature of House Manager	_____ Date