

SSF - House Inventory

House Name: _____

Semester/Year: _____

Area: Living/Dining Room

Area: Kitchen/Pantry

Item	# of Items
Carpet/Rugs	
Sofas	
Tables	
Chairs	
Coffee Tables	
End Tables	
Bookcases	
Entertainment Center	
Wall Units	
Piano	
Mirrors	
Vases	
Lamps/Light Fixtures	
Pictures/Other Wall Hangings	
Window Coverings	
Other:	
Other:	

Item	# of Items
Table	
Chairs/Barstools	
Refrigerator	
Freezer	
Stove	
Microwave Oven	
Convection Oven	
Coffee Maker	
Pots & Pans	
Crock Pots	
Toaster/Blender	
Pictures/Other Wall Hangings	
Light Fixtures	
Other Appliances:	
Other Appliances:	
Other Appliances:	
Other Appliances:	

Area: Study/Computer Room

Item	# of Items
Carpet/Rugs	
Desks	
Chairs	
Clocks	
Sofa	
Computer	
Other Computer Equipment:	
Fax Machine	
Scanner	
Printer	
Bookcases	
Tables	
Lamps/Light Fixtures	
Other:	

Area: Bedrooms

Bedroom #	Bedframe	Mattresses	Desk	Chair	Dresser	Bookshelf	Other

**Please make sure upon move-in each room has 2 of each of the above. No more, no less unless approved by Maintenance. Unwanted furniture may not be placed in the hallways. They must be placed in a room somewhere. **

Completed by (please print): _____ Date: _____