

Resident Check-In Agreement

Resident Name: _____

Room #: _____

Chapter: _____

For each item of the property, thoroughly inspect the condition. Provide a detailed description of the condition and a picture if there is damage, concern or maintenance needed. The Resident Check-In Agreement is due September 1st to noblemen@sigttau.org.

Bedroom	Check-In Condition	Check-In Notes and Concerns
Window/Blinds/Screen		
Door/Lock/Security		
Flooring		
Walls		
Ceiling		
Light Fixtures		
Outlets/Light Switches		
Closet		
Smoke Detector		
Cleanliness		
Bed Frame/Mattress		
Desk/Desk Chair		
Dresser		
Other:		
Other:		
Other:		

Bathroom <small>(If applicable)</small>	Check-In Condition	Check-In Notes and Concerns
Door/Locks/Security		
Flooring		
Walls		
Ceiling		
Light Fixtures		
Outlets		
Toilet		
Shower/Tub		
Vanity/Sink		
Towel Bars		
Cleanliness/Trash		

Common Spaces <small>(If applicable)</small>	Check-In Condition	Check-In Notes and Concerns
Hallways/Stairwells		
Living Room/Chapter Room		
Study/Exec Office		
Community/Guest Bathrooms		
Dining Room		
Kitchen/Kitchenette		
Laundry Room		
Exterior		
Other:		
Other:		
Other:		

Additional notes and concerns:

I have examined the chapter facility prior to my occupancy and have made note of the condition, problems, or damaged items for the purpose of protecting my security deposit. Failure to fully complete this agreement and provide to WPN, could result in a reduction of the security deposit.

I understand that upon vacating this room, I may be held responsible for any damages to the chapter facility including bedroom, bathroom, and common areas other than those listed above. I further acknowledge that I have been assigned room keys and that I am responsible for any costs that may be incurred in the event of the loss of said key(s).

Resident Signature: _____

Date: _____