North Dakota State University - Department of Residence Life

*Apartment Inventory and Condition Form*

Click or tap to enter a date.

LAST NAME, FIRST NAME

Check-In Date:

Tenant Name:

Apartment: #: Cell Phone Number:

Choose an item.

Choose an item.

Building Name: Cell Phone Provider:

Student ID #:

DIRECTIONS:

* Identify and describe **all** damages or deficiencies in the designated areas below.
  + This must be completed for the **entire apartment**, including any rooms that may be occupied prior to your check-in.
  + Describe damages in detail. Use the examples provided to you at check-in as a guide. Be as specific as possible about all damages. Please use bullet points.
  + When moving into an occupied apartment, cleanliness is not a damage or deficiency! **DO NOT LIST CLEANLINESS CONDITIONS ON THIS FORM!** It will not be considered at check-out.
  + **You are responsible for any damages at check-out that are not described on this form**.
* Once you have completed this document, email it to [NDSU.Residence.Life@ndsu.edu](mailto:NDSU.Residence.Life@ndsu.edu) by the date established when you checked-in. **Use the subject line of “AICF *LAST NAME, FIRST NAME*” in your email.**
  + **Failure to email this form within 10 calendar days from your check-in date will result in a $25.00 late charge.**
* OPTIONAL: You can include up to 10 images with your AICF to show damages.
  + Images must be labeled to make it clear which area the image is in reference to. If images are not labeled, they will not be taken into consideration at check-out.
  + Your email cannot exceed 20 MB due to email file limitations.

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| **AREA DESCRIPTIONS** | **CONDITION AT CHECK-IN** |
| **Entrance**  *Entry Door(s)*  *(UV 2-bedroom Only)*  *– Mailbox entry*  *– Back entry*  *Storage Closet*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* | * Please use bullet points. |
| **Kitchen**  *Stove / Refrigerator*  *Microwave / Dishwasher (if applicable)*  *Sink / Cupboards / Countertops*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* |  |
| **Living Room**  *Windows / Locks / Screens / Blinds*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* |  |
| **Study Room (UV 2 Bedroom Only)**  *Staircase*  *Upstairs Hallway*  *Windows / Locks / Screens / Blinds*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* |  |
| **Bedroom 1**  *Door(s)*  *Closet / Closet Door(s)*  *Windows / Locks / Screens / Blinds*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* | Please indicate which bedroom by checking the appropriate box:  North  South  East  West |
| **Bathroom 1**  *Door(s)*  *Cabinet(s)*  *Sink / Bathtub / Toilet*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* | Please indicate which bathroom by checking the appropriate box:  North  South  East  West |
| **Bedroom 2**  *Door(s)*  *Closet / Closet Door(s)*  *Windows / Locks / Screens / Blinds*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* | Please indicate which bedroom by checking the appropriate box:  North  South  East  West |
| **Bathroom 2**  *Door(s)*  *Cabinet(s)*  *Sink / Bathtub / Toilet*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* | Please indicate which bathroom by checking the appropriate box:  North  South  East  West |
| **Bedroom 3 (Niskanen Expansion Only)**  *Door(s)*  *Closet / Closet Door(s)*  *Windows / Locks / Screens / Blinds*  *Switch(es) / Outlets / Light(s)*  *Walls / Ceiling / Floor* | Please indicate which bedroom by checking the appropriate box:  North  South  East  West |
| **Furnishings (Niskanen Expansion Only)**  *Barstools*  *Lounge Chair / Ottoman* |  |

**The form submitted to Residence Life will be the official document used at check out. Any additions to your personal form will not be considered.**

By typing your name below, you are acknowledging that the above record is the accurate condition of the apartment upon check in and you will be held responsible for any damages from this point.

Click or tap to enter a date.

Click or tap here to enter text.

Signature of Tenant Checking In Date

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Residence Life Representative Date