

Arkansas State University-Newport Room Condition Report (RCR)

Student Name:		ASUN ID#		Apartment/Room#	
Condition Ratings: N/A- Not Applicable New- New or Reconditioned ST/SO- Stained/Soiled		RP- Ripped T&P- Tape/Paste H-Hole BR – Broken	PO-Painted Over NWT- Normal Wear & Tear C-Cut B- Bent Frame LR- Lock Repair Needed	New Room: <input type="checkbox"/> Laurel Street Apartment <input type="checkbox"/> McDougal House <input type="checkbox"/> Single Room <input type="checkbox"/> Double Room Room Key Returned: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason checking out: <input type="checkbox"/> Transfer <input type="checkbox"/> Graduated <input type="checkbox"/> Withdrawal	
	Check In Condition:	Check In Comments	Check Out Condition:	Check Out Comments	Additional Staff Notes
ENTRY/LIVING/KITCHEN		ENTRY/LIVING/KITCHEN		ENTRY/LIVING/KITCHEN	
Key/Door/Lock					
Sink Area/Countertop					
Refrigerator/Stove					
Cabinets					
Walls/ Outlets					
Windows/Blinds					
Floors					
Ceiling Fan/Lights					
BEDROOM		BEDROOM		BEDROOM	
Bed Frame					
Bed Mattress					
Walls/Outlets					
Blinds/Window					
Floors					
Ceiling Fan/Lights					
Closet/ Closet Shelf					
BATHROOM		BATHROOM		BATHROOM	
Doorknob/Lock					
Lights					
Shower/ Shower Head					
Toilet					
Walls/Floors					
LAUNDRY ROOM		LAUNDRY ROOM		LAUNDRY ROOM	
Washer/Dryer					
Counter/Sink					
General Cleanliness					

Please read and sign before and after check-in and check-out:

I, resident as named above, understand that I am responsible for the condition and furnishings of this room/apartment and for any damages beyond reasonable wear and tear that may occur during my residency; that any alterations to the room or its contents are prohibited; and that all residents of any specific room may be held jointly responsible for damages. Final decisions are made by the Office of Student Housing. Please inquire with the Housing Office should you desire a copy of this form.

Check- In:		Check- Out:	
_____ Resident Signature	_____ Date	_____ Resident Signature	_____ Date
_____ Housing Staff Signature	_____ Date	_____ Housing Staff Signature	_____ Date