

## ROOM INSPECTION SHEET

Tenant \_\_\_\_\_

Permanent Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Room \_\_\_\_\_ Room Lease Signed?  Yes  No

Damage Deposit Amount for Current Lease \$ \_\_\_\_\_

Deposit Paid in Full?  Yes  No Date Paid \_\_\_\_\_

### ROOM INSPECTION

*Initial Inspection*

*Follow-up or  
Final Inspection*

*Charge for Damage  
of Needed Work*

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Door (s) & Key (s)			
Door Stop			
Closet & Door			
Light Fixture & Bulb			
Switches & Plugs			
Carpet/Flooring			
Walls			
Ceiling			
Windows			
Screens			
Window Coverings			
Window Sills			
Phone Jacks			
Internet/Ethernet ports			
Plumbing Fixtures			
Cleanliness			
Other			

### Deposit Calculation

Past Deposit Balance Carried Forward \$ \_\_\_\_\_

Remaining Due for Current Lease \$ \_\_\_\_\_

Additional Charges \$ \_\_\_\_\_

**Total Balance Due** \$ \_\_\_\_\_

Total Charged for Damages, Cleaning, Painting, etc. \$ \_\_\_\_\_

Deposit as of Follow-up or Final Inspection \$ \_\_\_\_\_

Amount to Return to or Collect from Tenant \$ \_\_\_\_\_

Paid Amount in Full?  Yes  No -or- Amount Has Been Returned?  Yes  No

\_\_\_\_\_  
Date Agent, DTD National Housing Corporation

\_\_\_\_\_  
Date Tenant Signature

