

Sample Chapter Room Inspection and Security Deposit Calculation Sheet

Tenant _____

Room _____ Room Contract Signed? Yes No

Security Deposit Amount for Current Term \$ _____

Deposit Calculation

Past Deposit Balance Carried Forward \$ _____

Remaining Due for Current Term \$ _____

Additional Charges \$ _____

Balance Due \$ _____

Deposit Paid in Full? Yes No Date Paid _____

Room Inspection

Initial Inspection

**Follow-up or
Final Inspection**

**Charge for Damage
or Needed Work***

Date _____

Date _____

Date _____

	Initial Inspection	Follow-up or Final Inspection	Charge for Damage or Needed Work*
	Date _____	Date _____	Date _____
Walls			
Floor			
Ceiling			
Window(s) and Screen(s)			
Door(s) and Key(s)			
Cleanliness			
Paint			
Light Fixtures			
Plumbing Fixtures			
Furniture			
Other			

*Attach itemized estimates or paid statements for work.

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

Deposit Balance as of Follow-up or Final Inspection \$ _____

Amount to Return to or Collect from Tenant \$ _____

Tenant Paid Amount in Full? Yes No; or Amount Has Been Returned to Tenant: Yes No

Date

Chapter Officer Signature

Date

Tenant Signature

(Copy for Chapter and Tenant)

NOTE: The chapter should use this sample as a guideline in developing its own policy.