

Moving In Form & Move Out Check List
Office of Residence Life
Mount Vernon Nazarene University
MOVING IN FORM

Name _____ I.D. # _____

Residence Area: _____ Room/Apartment Number: _____

I have inspected my housing assignment (listed above) and it is without issue.

I have inspected my housing assignment (listed above and noted the following conditions (i.e. cracks in the wall, damaged screen, mattress, furniture, or other notable damage. See list on back):

Beds and/or Apartment Furniture: _____

Sinks/Bathroom (Apt): _____

Ceiling/Floor/Windows: _____

Kitchen/Living Room (Apartments Only): _____

Other: _____

Signature of RA or RD _____ Date _____

I have received the key to my assigned room (RAs do not accept unless checked)

I, the undersigned, agree to assume financial responsibility for any damage done to the room, apartment or interior common areas and the exterior of all MVNU buildings and grounds, while I am living at MVNU.

Signature of Student _____ Date _____

CHARGE SHEET ON BACK

