

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 _____

Initial Inspection

Date _____

**Follow-up or
Final Inspection**

Date _____

**Charge for Damage
or Needed Work***

Date _____

	Initial Inspection	Follow-up or Final Inspection	Charge for Damage or Needed Work*
	Date _____	Date _____	Date _____
Ceilings, Walls, & Floors			
Window(s) and Screen(s)			
Door(s) and Key(s)			
Cleanliness			
Paint			
Plumbing & Light 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.

The above is intended to provide the chapter with general information and suggestions for improvement. It is not a directive and is not intended to direct the chapter in any manner. A chapter is not required to use or implement this information or suggestions. The decision on whether or how to use this information is solely that of the chapter.