

Dormitory Check-In/Check-Out

Pacific Life Bible College

Full Name: _____

RM. #: _____

Number of Keys Issued: _____ Serials: _____

Number of FOB's Issued: _____

Check-In (Complete this section when moving in)

Please note any damages before moving in to avoid being billed for them either during the year or at time of check-out. Damages include stains, marks, holes, etc. to carpet, floor, doors, walls, furnishings, sink/mirror/cabinets, shower, mattress.

I understand that in order to receive \$100 of the deposit back, my room must be left clean (see requirements below) and I must follow all check-out requirements/instructions given at the end of my tenancy. I understand that I will be billed for all damages, including holes in the walls from hangings, etc.

Signed: _____

Check-Out (Use this section as a guide - to be completed by Resident Director)

Cleaning (schedule 2-3 hours for thorough cleaning)

- \$25+ Wash walls, doors, door frames, baseboards, heaters, switches, light fixtures, furniture.
- \$10+ Vacuum floor, including behind and underneath furniture.
- \$10+ Clean windows and frames (no stickers).
- \$15+ Clean sink, counter, mirror, sides of sink cabinet, cabinet doors, and inside.
- \$15+ Scrub toilet bowl. Clean tank, lid and seat (underneath both), outside bowl and base.
- \$15+ Clean shower stall.
- \$10+ Wash bathroom floor, including behind toilet.
- \$5+ Remove all trash. Wash garbage cans and cleaning caddy.

\$ _____ **Total Cleaning Charges**

Damages (include stains, marks, holes, etc.)

Details of damages: Carpet Floor Doors Walls Furnishings Sink/Mirror/Cabinet Shower Mattress

\$ _____ **Total Damage Charges**

Keys & Check-out

- \$20+ All personal belongings removed
- \$10+ Return Parking Pass
- \$25+ Return FOB (each)
- \$75+ Smoke Detector working
- \$25+ Return Keys (each)
- \$25+ Checked out by Resident Director and/or Authorised Staff by deadline (failure to check out will result in loss of deposit)

\$ _____ **Total Check-Out Charges**

Damage Deposit: \$100.00

Less Cleaning & Damages Charges: \$ _____

Balance: \$ _____

Method of Reimbursement or Payment: *Cheque* *On Account*

Check-out Completed by: _____

Date: _____