



Community Of Urbana
Cooperative Housing

Check-In Form

Tenant's Name_____

Move-In Date:_____COUCH House: Brooks Harvest Green

Phone_____Email Address_____

Room #_____Received Keys? Yes No

Security Deposit Amount for Current Lease \$_____

Emergency Contact

Emergency Contact(s):_____

Emergency Contact Phone: _____

Room Inspection

List any and all damages: _____

Move-In

COUCH President/Maintenance VP Date

Tenant Signature Date

Check-Out Form

Room Inspection

Move-Out Date:_____Keys Returned? Yes No

List any and all damages (*for COUCH only*): _____

Deposit Calculation

Initial Security Deposit	\$ _____
Interest (0.05%/Year)	\$ _____
Damage/Cleaning Charges	\$ _____
Debt to House (food/utilities)	\$ _____
Total Balance Due	\$ _____

Forwarding Address

Street _____
City _____ State _____ ZIP _____
Phone _____ Email Address _____

Move-Out

COUCH President/Maintenance VP Date

Tenant Signature Date