

## **MEDICAL STUDENT HOUSING APARTMENT CHECK-OUT REVIEW**

**STUDENT NAME:** \_\_\_\_\_

**APARTMENT #:** \_\_\_\_\_ **CHECK-OUT DATE:** \_\_\_\_\_

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***I certify that:***

- ☐ All perishable items have been removed
  - ☐ All personal items have been removed
  - ☐ All trash has been removed
  - ☐ All countertops and surfaces have been cleaned
  - ☐ All kitchen appliances (*microwave, refrigerator, stove*) have been cleaned
  - ☐ Bathrooms have been cleaned (*including sink, shower, and toilet*)
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**By signing this document, I also certify that neither the apartment nor the furnishings sustained damages while I resided there.**

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**STUDENT NAME (*print*)**

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**STUDENT SIGNATURE**

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**DATE**