

INSPECTION OF QUARTERS CLEARANCE AND ASSIGNMENT CONDITION			QTRS ADDRESS			DATE ASGD QTRS				
OCCUPANT'S NAME			SSN			DEROS				
FORM LEGEND: <i>Normal Condition</i> <input type="checkbox"/> <i>Fair Wear and Tear</i> <input checked="" type="checkbox"/> <i>Occupant Damage</i> <input checked="" type="checkbox"/>										
EXTERIOR AND YARDS			KITCHEN			BATHROOMS			1	2
Patio			Floor Tile			Floor Tile				
Carport			Cabinets			Wall Tile				
Storage Room			Cabinet Doors			Walls				
Woodwork			Counter Tops			Ceiling				
Window Screens			Sink			Medicine Cabinet				
Walls			Garbage Disposal			Commode				
Roof			Window			Lavatory				
Exterior Lights			Blinds			Tub				
Garbage Bin			Walls			Shower				
Garbage Cans			Ceiling			Shower Rods				
Grass			Doors			Window				
Shrubbery			Range Hood			Soap Dishes				
			Exhaust Fan			Paper Holder				
			Range			Light Switch				
			Refrigerator			Light Fixture				
			Light Switch			Base Plugs				
			Light Fixture							
			Base Plugs							
LIVING ROOM			LAUNDRY ROOM			HALLS			1	2
Floor Tile			Hose Connection			Floor Tile				
Walls			Drain			Walls				
Ceiling			Dryer Vent			Ceiling				
Doors			Floor			Doors				
Windows			Walls			Closets				
Traverse Rods			Ceiling			Thermostat				
Venetian Blinds			Light Switch			Smoke Detector				
Curtains			Base Plugs			Light Switch				
Light Switch						Light Fixture				
Light Fixture						Base Plugs				
Base Plugs						Door Chimes				
Fireplace										
Fire Screen										
Mantel										
DESCRIBE DAMAGES:										

BEDROOMS	1	2	3	4	BEDROOMS	1	2	3	4
Floor Tile					Base Plugs				
Walls					Closets				
Ceiling					Closet Doors				
Door					Closet Shelves				
Windows					Closet Rods				
Traverse Rods									
Venetian Blinds									
Curtains									
Light Switch									
Light Fixture									

DESCRIBE DAMAGES:

I, THE UNDERSIGNED OCCUPANT, ACCEPT QUARTERS DESCRIBED HEREIN ON DATE OF ASSIGNMENT LISTED BELOW. I UNDERSTAND THAT FORFEITURE OF ALL QUARTERS ALLOWANCE IS EFFECTIVE THIS DATE. I ACKNOWLEDGE THAT I AM PECUNIARILY LIABLE FOR ALL GOVERNMENT PROPERTY AND WILL RETURN QUARTERS IN SAME CONDITION AS LISTED HEREIN, EXCEPT FOR CHANGES DUE TO FAIR WEAR AND TEAR. I HEREBY ACKNOWLEDGE RECEIPT OF ___ KEY(S) FOR _____. IF ADDITIONAL KEYS ARE REQUIRED FOR HOUSEKEEPERS, I MUST BE ISSUED ADDITIONAL KEYS BY THE HOUSING OFFICE AND THAT I AM RESPONSIBLE TO ENSURE THAT THESE KEYS ARE TURNED IN UPON TERMINATION OF QUARTERS.

PRETERMINATION INSPECTOR SIGNATURE	DATE	FINAL INSPECTOR SIGNATURE	DATE
ASSIGNMENT INSPECTOR SIGNATURE	DATE	OCCUPANT SIGNATURE	DATE