

If you have any cleaning or damage concerns in your room it is important to discuss them with your roommates before checkout and turn in this agreement form to clarify who is responsible for what charges. **Any charges not noted on this form will be the responsibility of all residents equally and will be charged to all students BARC account. Please write a clear and detailed description of any damages or cleaning you are taking responsibility for in the space provided.**

Resident Name _____

Apartment Complex _____ Apt. # _____

Bedspace (A1, A2, B1, etc.) _____ Perm Number _____

Description of Damages/Cleaning Concerns

Please check any items you are taking responsibility for:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Bathroom | <input type="checkbox"/> Desk Light | <input type="checkbox"/> Microwave | <input type="checkbox"/> Stove |
| <input type="checkbox"/> Bed | <input type="checkbox"/> Door | <input type="checkbox"/> Smoke Detector | <input type="checkbox"/> Cupboards |
| <input type="checkbox"/> Bed Lofting | <input type="checkbox"/> Door Closure | <input type="checkbox"/> Towel Rack | <input type="checkbox"/> Living Room |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Door Signage | <input type="checkbox"/> Wall Boards | <input type="checkbox"/> Couch |
| <input type="checkbox"/> Ceiling | <input type="checkbox"/> Drapery | <input type="checkbox"/> Walls | <input type="checkbox"/> Closet sliding door |
| <input type="checkbox"/> Chair | <input type="checkbox"/> Dresser | <input type="checkbox"/> Dining chairs | <input type="checkbox"/> Entertainment Center |
| <input type="checkbox"/> Cleanliness | <input type="checkbox"/> Soft single chair | <input type="checkbox"/> Window | <input type="checkbox"/> Lamp |
| <input type="checkbox"/> Closet | <input type="checkbox"/> Light Fixture | <input type="checkbox"/> Window Screens | <input type="checkbox"/> Living room table |
| <input type="checkbox"/> Closet Mirror | <input type="checkbox"/> Mattress | <input type="checkbox"/> Kitchen | |
| <input type="checkbox"/> Desk | <input type="checkbox"/> Dining table | <input type="checkbox"/> Refrigerator | |

Additional Comments:

I am taking responsibility for the cleaning and damage concerns described above. I understand that any cleaning or damages not assigned on this form will be billed to the BARC account of all residents jointly.

Signature _____

Please note: You have a legal right to a pre-inspection walk through to help you identify cleaning issues or damages that might be a problem upon checkout. If you would like a walk through, ask your RA. If there are any damages that need repair please submit a work order online. Visit the web address below and click on "Submit Work Order":

<https://www.housing.ucsb.edu/services/get-it-fixed>



Do not attempt to make repairs yourself. This could be dangerous, and will likely result in higher damage charges for faulty repairs.