

Apartment Check-Out Review

Date of Check-Out: _____ **Apartment Number:** _____

NAME OF MEDICAL STUDENT: _____

I certify that:

- All trash has been removed
- All perishable items have been removed
- Bathrooms are cleaned
- All countertops and surfaces have been wiped down
- Stove, microwave, oven, & fridge have been wiped
- Curtain liner and rings have been removed
- No personal items have been left behind

By signing this document, I also certify there have been no damages to the apartment while I have been a resident.

Signature: _____

Date: _____