



ASCF APARTMENT PROGRAM MOVE-IN INVENTORY CONDITION & DAMAGE FORM

Due to the generosity of our supporters, A Shelter for Cancer Families (ASCF) is able to offer no-cost housing to cancer patients and their family members ("Tenant") seeking treatment, follow-up or second opinion for rare cancers in the Houston area. ASCF is dedicated to helping as many people as possible and in order to do so, we need to ensure the general condition of the apartment, as well as the furniture and other items contained within the apartment remain in good condition during a Tenant's stay.

Within 24 hours of moving into the temporary housing made available to the Tenant through the ASCF Apartment Program, a thorough review of the inventory in the assigned apartment must be completed, noting the presence and condition of each item listed on this three-page form.

The Tenant is required to return the completed three-page form to ASCF by either email or regular mail within 24 hours of arrival in the unit.

A Shelter for Cancer Families (mailing address)
2726 Bissonnet Street, Suite 240-314
Houston, TX 77005
info@cancerfamilies.org

A general review of the condition of the apartment and an inventory of all items will be conducted after the Tenant has vacated the unit. Damaged property, and/or missing or damaged items (including keys and FOB), will result in a forfeiture of the Tenant's deposit, and additional charges may be incurred as required to replace or repair the item(s). For this reason, it will be necessary for the Tenant to provide credit card information, held for the possibility of these incidental charges. Additionally, failure to maintain the general condition of the apartment and its contents and/or to return all items (including keys and FOB) may result in Tenant's inability to utilize future housing services through the Amschwand Sarcoma Cancer Foundation.

Tenant (Patient & Family) Name/s:

Property Address:

Tenant Cell Phone Number:

Equinox, 2950 Old Spanish Trail, Houston, TX 77054

Tenant Home Phone Number:

Unit Number: _____

Tenant Forwarding Address:

Move-In Date: _____

Expected Date of Move-Out: _____

Actual Move-Out Date: _____

Name(s) of all adults over age 18 staying in unit:

Tenant's Signature _____ Date: _____



ASCF APARTMENT PROGRAM MOVE-IN INVENTORY CONDITION & DAMAGE FORM

How many keys received?

How many FOBs (access remotes) received?

Items	Move-in Condition/Description (and # of items when appropriate)
Smoke Detector	
Front Door/Lock (s)	
Back Door/Lock(s)	
Alarm Control Panel	
Washer-Dryer:	
KITCHEN	
Range	
Vent Hood Fan	
Microwave	
Dishwasher	
Disposal	
Refrigerator	
Sink/Faucets	
Cabinets & Hardware	
Counter Tops	
Floor	
Walls/Ceiling	
Fixtures/Bulbs	
Pantry	
Waste Container	
Housewares: Flatware	
Housewares: Flatware Tray	
Housewares: Cookware	
Housewares: Dinnerware	
Housewares: Beverage Glasses	
Housewares: Coffee Mugs	
Housewares: Can Opener	
Housewares: Salt/Pepper Shaker	
Housewares: Cutlery Set	
Housewares: Spatula	
Housewares: Mixing Bowl Set	
Housewares: Measuring Cups	
Housewares: Measuring Spoons	
Housewares: Dish Towels	

Tenant's Signature _____ Date: _____



ASCF APARTMENT PROGRAM MOVE-IN INVENTORY CONDITION & DAMAGE FORM

Housewares: Toaster **Move-in Condition/Description** (and # of items when appropriate)

Housewares: Coffee Maker

BREAKFAST ROOM

Windows/Locks/Screens

Fixtures/Bulbs

Floor/Carpet

Walls/Ceiling

Drapes/Mini Blinds

Dining Table & Chairs

LIVING ROOM

Floor/Carpet

Walls/Ceiling

Drapes/Mini Blinds

Patio Door/Lock/Screen

TV/TV Stand/Cable

Sofa, Chair/Loveseat

Coffee Table, End Table(s)

Lamp(s)

BATHROOM

Cabinet & Vanity

Toilet

Sink

Shower/Tub

Shower curtain and hooks

Bath Towels – set of 4

Hand Towels – set of 4

Wash Cloths – set of 4

Waste Basket

Bath Rug

Walls/Ceiling

Fixtures/Bulbs

Door

Floor

Linens - Bath

BEDROOM

Floor/Carpet

Walls/Ceiling

Doors

Windows/Locks/Screens

Drapes/Mini Blinds

Closet

Dresser

Mirror

Headboard

NS(s)

Mattress

Lamp

Bed Linens

Mattress Cover

Pillowcases

Tenant's Signature _____ Date: _____



ASCF APARTMENT PROGRAM MOVE-IN INVENTORY CONDITION & DAMAGE FORM

Pillows/Shams
Comforter
Alarm Clock
Clothes Hanger – set of 6
Phone

HALL

Walls/Ceiling
Fixtures/Bulbs
Linen Closet
Thermostat

UTILITY

Mop
Broom with Dustpan
Iron and Ironing Board
Vacuum

DECORATIVE

Large Plant
Small Plant
Art on Walls

Tenant's Signature _____ Date: _____