

**PERSONAL RESPONSIBILITY FORM**

**UW Student Housing @ MultiCare Health System**

* **CLEANING:**I am responsible for maintaining this apartment in a clean and habitable state. Cleaning supplies and cleaning tools are stocked in the apartment. I am responsible for washing all dishes, utensils, and pots/pans that I use. Dishes must be washed prior to vacating. I agree to remove any food in opened containers and any food that can spoil before vacating. I agree to remove all garbage and waste to the trash container located in the alley behind the apartments.
* **LINENS:** I am being supplied clean linens from the Laundry Room (packets include bed linens, towels, and a blue bag to return soiled linens back to Laundry Room bin.) I will return dirty linens in the blue bag to the Laundry Room dirty laundry bin prior to vacating.
* **DAMAGE:**Any damage (other than ‘normal wear and tear’) that occurs during my stay is my personal responsibility. I understand that I will be financially responsible for any repairs needed to restore the apartment to its condition prior to my arrival. The University is not responsible, nor will be charged for, any damage caused to the apartment(s) by occupants.
* **MISSING ITEMS:**I understand that all the furnishings in this apartment have been inventoried and photographed. They are for my use while here, but are to remain in the apartment when I vacate. I understand I will be held personally and financially responsible for the replacement cost of any items lost or missing after I vacate (excluding normal usage of toiletries, etc.).
* **ACCESS:**Management reserves the right of access with 24 hours notice or in case of emergency.
* **NEIGHBOR’S RIGHTS:**I will honor my neighbors’ rights to a peaceful environment by keeping noise level to a minimum at all times, particularly during night hours of 10 p.m. -- 8 a.m.
* **CHILDREN & PETS:**I understand no children or pets are allowed in the apartments at any time.

*I accept and acknowledge responsibility for all items listed above.*

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***Student Name / Signature******Date***

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***Clerkship Assignment Dates of Occupancy***

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***Email Address Phone Number***

***Assigned by GME Department:***

*\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_*

***Unit Number******Unit Code Laundry Code***

For Emergency Numbers, refer to the Welcome to Medis Apartment handout.

***Return form to*** Kandreas@multicare.org