

**Department of Community Living  
Room Painting Agreement**

Roommate 1 Name: \_\_\_\_\_ Residence Hall: \_\_\_\_\_

Roommate 2 Name: \_\_\_\_\_ Room #: \_\_\_\_\_

**Statement of Agreement**

I understand that I am responsible for the condition of the room including its contents of furnishings and equipment. I also understand that I am financially liable for any damage or loss of room contents. This includes damages or loss due to the action of guests.

I understand that all rooms must be returned to the original color.

I understand that any damages due to painting (paint on windows, trim, floor, carpet, ceiling, electrical sockets, light fixtures, room furnishings, etc.) will be billed to the resident(s) responsible for the painting as indicated on the Room Condition Report.

I understand that if the room is not returned to original color and condition, I will be billed by the Department of Community Living for the full cost to have the room repainted.

I understand that the Department of Community Living reserves the right to adjust charges when necessary.

**By signing below, I signify that I have read these stipulations and agree to them.**

Roommate 1 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Roommate 2 Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_