



Date: _____

Case Number: _____

Case Name: _____

Center: _____

Caseload: _____

Storage Inventory Sheet

I plan to move the following items into storage **OR** I have the following items currently in storage:

Furniture:

Items	Number of Items
<input type="checkbox"/> Bed(s)	
<input type="checkbox"/> Chair(s)	
<input type="checkbox"/> Couch/Loveseat/Arm Chair	
<input type="checkbox"/> Dresser/Chest/Armoire/Wardrobe	
<input type="checkbox"/> Media cabinet/TV console	
<input type="checkbox"/> Piano/Organ	
<input type="checkbox"/> Table(s)	
<input type="checkbox"/> Other, describe:	

Electronics:

Items	Number of Items
<input type="checkbox"/> Computer	
<input type="checkbox"/> Media Player (e.g., VCR, DVD)	
<input type="checkbox"/> Radio, Stereo, Music Player	
<input type="checkbox"/> Television	
<input type="checkbox"/> Other, describe:	

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Appliances:

Items	Number of Items
<input type="checkbox"/> Dryer	
<input type="checkbox"/> Freezer	
<input type="checkbox"/> Microwave	
<input type="checkbox"/> Refrigerator	
<input type="checkbox"/> Stove/oven/range	
<input type="checkbox"/> Washer	
<input type="checkbox"/> Other, describe:	

Kitchenware:

Items	Number of Items
<input type="checkbox"/> Cookware and Bakeware	
<input type="checkbox"/> Dinnerware (sets of plates, bowls)	Number of sets:
<input type="checkbox"/> Food container	Number of boxes:
<input type="checkbox"/> Glassware (glasses, cups)	
<input type="checkbox"/> Utensils	Number of sets:
<input type="checkbox"/> Other, describe:	

Linens:

Items	Number of Items
<input type="checkbox"/> Blankets/comforters	
<input type="checkbox"/> Sheets/pillow cases	Number of sets:
<input type="checkbox"/> Towels	
<input type="checkbox"/> Other, describe:	

Clothing:

Items	Number of Items
<input type="checkbox"/> Clothes	Number of boxes:
<input type="checkbox"/> Shoes	Number of boxes:
<input type="checkbox"/> Other, describe:	Number of boxes:

(Turn page)

I plan to move the following items into storage **OR** I have the following items currently in storage:

Keepsakes/Personal Belongings:

Items	Number of Items
<input type="checkbox"/> Books	Number of boxes:
<input type="checkbox"/> Children's toys/board games	Number of boxes:
<input type="checkbox"/> Medical equipment (e.g.: wheelchair, crutches, nebulizer)	Number of boxes:
<input type="checkbox"/> Medicine/medications	Number of boxes:
<input type="checkbox"/> Photo Albums, loose photos, slides, other media, mementos	Number of boxes:
<input type="checkbox"/> Sports equipment	Number of boxes:
<input type="checkbox"/> Other, describe:	Number of boxes:

Attestation:

By signing below, I attest that the information provided herein is true and complete to the best of my knowledge:

1. Items listed were in storage prior to loss of permanent housing: Yes No

2. Items listed are for someone other than me/my household and our use: Yes No

3. Items listed are business-related (e.g., merchandise, equipment, etc.): Yes No

4. Any stored item has a value over \$2,000.00: Yes No

Print Name: _____

Signature: _____ Date: _____