Housing and Residence Life
DAMAGE CLAIM FORM

Residence Hall ___________ Room# ____  Unit # ________________

To help us insure that you are not unjustly billed for damages to your room or apartment, please use this form to claim responsibility for any damages or missing items not listed on your RIF at the time of check in. **This form does not free you from final check out**, it simply gives each roommate an opportunity to claim damages and help the Housing Office staff avoid unjust bills.

We will bill for all damages, so please give us your input now. **If no one claims a damage that was not declared at check in, the bill for repair or replacement will be divided equally among all of the residents.**

You should also note that rooms/units/apartments must be cleaned prior to departure to avoid a cleaning charge.

This form should be returned to the front desk of your residence hall prior to the first occupant checking out of the room/unit/apartment.

*We would like to claim the following damages. We understand that the person(s) listed as responsible for each damaged item will be billed for the repair and/or replacement costs.*

**DAMAGE OR MISSING ITEM:**

**PERSON TO BE BILLED (PLEASE PRINT):**

________________________________________

________________________________________

________________________________________

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________________________________________

(Use the back of this page to list any additional damages or missing items)

**EACH RESIDENT MUST SIGN HERE:**

________________________________________

Signature  Print Last Name

________________________________________

Signature  Print Last Name

________________________________________

Signature  Print Last Name

________________________________________

Signature  Print Last Name

*If one or more of your roommates has already vacated the room/unit/apartment or is not present to complete this form, please only print their name in the space(s) above. A Housing and Residence Life Staff Member will verify this information. Falsifying this information could result in substantial consequences and result in judicial action.*
Supplemental Damages

Residence Hall _______ Room# _____ Unit # ________________

DAMAGE OR MISSING ITEM:           PERSON TO BE BILLED (PLEASE PRINT):

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

IF YOU NEED TO PROVIDE A DESCRIPTION TO ANY DAMAGES LISTED ON THIS FORM OR THAT ARE IN YOUR ROOM/UNIT/APARTMENT PLEASE DO SO IN THE SPACE PROVIDED BELOW. IF THERE ARE DAMAGES IN YOUR ROOM/UNIT/APARTMENT THAT ARE PRESENT BUT ARE TO BE DIVIDED AMONGST ALL RESIDENTS, PLEASE ALSO INDICATES THOSE IN THE SPACE BELOW AS WELL.

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Note: A final inspection of your room/unit/apartment will be conducted by a member of the Residence Life Staff. Upon inspection, staff may discover additional damages. All damages will be reported to the Housing Office and students will be billed accordingly. We appreciate your assistance in the check out process.

DO NOT WRITE BELOW THIS LINE - - FOR OFFICE USE ONLY

ADDITIONAL DAMAGES: PERSON RESPONSIBLE: ACCORDING TO:

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________

_________________________________________ ______________________________________