

## Damage Responsibility Form

The LIM College Office of Housing & Residence Life and EHS will be conducting inspections of each room after the occupants have completely checked out to assess damages. To ensure that any damages are appropriately billed, it is essential that the occupants of a room submit this form prior to their departure. Forms will not be accepted after the check-out has been completed. Feel free to contact your RA, or the Office of Housing & Residence Life 212-600-8502 with any questions.

UNLESS INDICATED ON THIS FORM, DAMAGE EXPENSES IDENTIFIED DURING INSPECTION WILL BE EQUALLY ASSESSED TO ALL ROOMMATES.

**Instructions:**

1. On the lines below, provide a complete description of the damage in question; be sure to include the location of the damage within the room.
2. Write the name(s) of the roommate(s) agreeing to accept financial responsibility for the damage on the line with the description.
3. Have ALL residents of the room sign and date where indicated

PLEASE NOTE: Unless all residents of the room sign this form, the information provided cannot be used in the assessment of damage bills and all charges will be divided equally among residents of the room.

**Description of Damages including the name of the person(s) accepting responsibility** \_\_\_\_\_

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By signing below, all parties agree that the specified damages listed above should be assessed to the person(s) accepting responsibility as noted above. He/she has agreed to accept financial responsibility for the damages described.

Room # \_\_\_\_\_

Resident #1 Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident #2 Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Resident #3 Printed Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_