

## SECURITY DEPOSIT REFUND / CLAIM STATEMENT (RHODE ISLAND)

LEASED PREMISES	
Landlord Name:	Landlord Phone No:
Address of Leased Premises:	
City:	State: Rhode Island
TENANT	
Name(s):	
Forwarding Address:	
New Phone No:	Other Phone No:
Additional Information:	
CREDITS	
Security Deposit Applied to Rent	\$
Other Deposits Paid	\$
Rent Credit	\$
TOTAL CREDITS	
CHARGES	
Leasing Charges <i>[itemize]</i>	\$
	\$
	\$
<b>SUBTOTAL</b>	<b>\$</b>
Damage Charges <i>[itemize]</i>	\$
	\$
	\$
<b>SUBTOTAL</b>	<b>\$</b>
Unpaid Charges	
Unpaid Rent	\$
Uncollected Late Charges	\$
Uncollected Interest	\$
<b>SUBTOTAL</b>	<b>\$</b>
TOTAL CHARGES	
SUMMARY	
Amount Due to Tenant	\$
Amount Retained by Landlord	\$
Amount Due Landlord	\$
Comments:	

SAMPLE PREVIEW

CHECK ENCLOSED:             YES             NO

Number: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

AMOUNT DUE LANDLORD: \$ \_\_\_\_\_

If there is an Amount Due Landlord above, please forward the full amount to the following address:

*[insert Landlord's full mailing address]*

\_\_\_\_\_  
Signature of Landlord / Landlord's representative

Date received Money from Tenant: \_\_\_\_\_

**SAMPLE PREVIEW**