

SECURITY DEPOSIT REFUND FORM

Resident's Name: _____

Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

FORWARDING Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

The following is an itemized statement of your deposit account:

1. Date tenancy began: _____ Date keys turned in: _____
2. Total of all deposits paid: \$ _____
3. Deductions:

TYPE	DESCRIPTION	COST
Repairs		
Painting:		
Cleaning:		
Carpet Cleaning:		
Drape Cleaning:		
Miscellaneous:		
Unpaid Rent:		
Court Judgment:		
	Total Deductions	

- Your check is enclosed in the amount of \$ _____.
- Please make your check in the amount of \$ _____ payable to _____
 _____ within 21 days of receipt of this statement.

"AS REQUIRED BY LAW, YOU ARE HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT REFLECTING ON YOUR CREDIT HISTORY MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY IF YOU FAIL TO FULFILL THE TERMS OF YOUR CREDIT OBLIGATIONS," CC1785.26(c) (2)

_____ Date

_____ Owner/Manager

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 For Members Only
 Approved Form #22.0
 1999

