

SECURITY DEPOSIT DISPOSITION FORM

Date Mailed: _____

Vacating Resident

Forwarding/Last Known Address

Name: _____

Apartment Number: _____

Move-Out Date: _____

Dear Former Resident,

This letter provides you with a written itemized list of the deductions management is applying against the Security Deposit for your apartment. You must immediately make arrangements to pay any balance you left owing the property (if applicable). You must leave a forwarding address in order for any portion of the deposit to be returned.

Security Deposit Amount:

\$ _____

Interest amount earned: (*If applicable)

\$ _____

Was a 30 day written notice to vacate given?

Yes No

(*Resident not entitled to security deposit if a 30 day notice was not given.)

Other Charges (Rent, Late Fees, Court Cost, etc)

_____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL OTHER CHARGES

\$ _____

List of Damages

_____ \$ _____

_____ \$ _____

_____ \$ _____

Amount of Security Deposit, plus interest, if applicable:

\$ _____

Total Deductions (charges unpaid rent/damages):

\$ _____

Amount to **Refund** Resident:

\$ _____

Amount Owed by Resident:

\$ _____

If you have any questions or disagree with these charges or the security deposit amount, you have the right to a meeting to discuss. Please call the office to schedule a meeting during regular office hours. If we do not have your current address, please provide it within 30 days. Retention of the deposit will not prevent Management from recovering additional damages.

Sincerely,

On-Site Manager