MULTIFAMILY NW
The Association Promoting Quality Rental Housing

OREGON (NOT FOR CITY OF PORTLAND)
STATEMENT OF DEPOSIT ACCOUNTING

EQUAL HOUSING OPPORTUNITY

DATE _____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____ _____

_____ _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

OF BEDROOMS ____SAMPLE____ # OF BATHROOMS ____SAMPLE____

☒ Lease expiration   ☒ Resident's 30-day notice   ☒ No notice   ☒ Owner/Agent's notice SAMPLE   (type)   ☒ Lease break

☒ FED charges   ☒ Court action filed   ☒ Never took occupancy   ☒ Other SAMPLE

ORIGINAL MOVE-IN	**NOTICE RECEIVED**	**TO VACATE ON**	**ACTUALLY VACATED ON**	**LEASE END DATE**
SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE

Monthly Stated Rent $ ____SAMPLE____   Other Monthly Charges $ ____SAMPLE____

SAMPLE

MOVE-OUT SETTLEMENT

RESIDENT CHARGES

UNPAID RENT & OTHER MONTHLY CHARGES . . . . $____SAMPLE____

   FROM ____SAMPLE____ THRU ____SAMPLE____

PAINTING: ____SAMPLE____ $ SAMPLE

CLEANING: ____SAMPLE____ $ SAMPLE

CARPET CLEANING: ____SAMPLE____ $ SAMPLE

BLIND / WINDOW COVERING CLEANING: ____SAMPLE____ $ SAMPLE

EXTERMINATING: ____SAMPLE____ $ SAMPLE

KEY / LOCK REPLACEMENT: ____SAMPLE____ $ SAMPLE

GOODS REMOVAL: ____SAMPLE____ $ SAMPLE

REPAIRS: ____SAMPLE____ $ SAMPLE

REPLACEMENTS: ____SAMPLE____ $ SAMPLE

UNPAID LATE FEES: ____SAMPLE____ $ SAMPLE

UNPAID UTILITIES: ____SAMPLE____ $ SAMPLE

EARLY TERMINATION FEE: ____SAMPLE____ $ SAMPLE

HOA MOVE-OUT ASSESSMENT (COPY ATTACHED): ____SAMPLE____ $ SAMPLE

OTHER: ____SAMPLE____ $ SAMPLE

TOTAL CHARGES . . . . $ **SAMPLE**

OWNER/AGENT: If there is pre-paid rent, you must apply it to unpaid rent only and account for and refund any balance of such pre-paid rent separate from any other amounts owed by Resident.

RESIDENT CREDITS

SECURITY DEPOSIT CREDIT . . . . $ SAMPLE

ADDITIONAL DEPOSIT CREDIT . . . . $ SAMPLE

OTHER CREDIT SAMPLE $ SAMPLE

TOTAL CREDIT . . . . $ **SAMPLE**

TOTAL CHARGES . . . . $ **SAMPLE**

SAMPLE

AMOUNT OF DEPOSIT REFUND: $ **SAMPLE**

AMOUNT OWED BY RESIDENT: $ **SAMPLE**

SAMPLE
RESIDENT: Please remit payment as soon as possible to:

SAMPLE

SAMPLE

SAMPLE

Owner/Agent does not waive its right to bill for additional damages not shown herein or costs which are incurred or finalized after this accounting is sent.

☒ TRANSFER OF DEPOSIT

If transferring to another unit, Resident authorizes Owner/Agent to apply the Amount of Deposit Refund to the deposit required for the new unit listed above.

Resident Initials: ___SAMPLE___ ___SAMPLE___

___SAMPLE___ ___SAMPLE___ ___SAMPLE___ ___SAMPLE___

SAMPLE
FORWARDING ADDRESS:

SAMPLE

SAMPLE

SAMPLE

SAMPLE
NOTES:

SAMPLE

SAMPLE
COMPLETED BY:

OWNER/AGENT NAME   DATE

SAMPLE   SAMPLE

SAMPLE
REVISED BY:

OWNER/AGENT NAME   DATE

SAMPLE   SAMPLE

SAMPLE   SAMPLE

SAMPLE   SAMPLE

SAMPLE   SAMPLE