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

SAMPLE

MOVE-OUT SETTLEMENT

☒ 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

SAMPLE

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

SAMPLE

Monthly Stated Rent $ SAMPLE Other Monthly Charges $ SAMPLE

SAMPLE

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.

SAMPLE

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: SAMPLE DATE: SAMPLE

SAMPLE

REVISED BY:

OWNER/AGENT NAME	DATE
SAMPLE	SAMPLE
SAMPLE	SAMPLE
SAMPLE	SAMPLE
SAMPLE	SAMPLE

☐ ON SITE ☐ RESIDENT ☐ MAIN OFFICE (IF REQUIRED)

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SAMPLE