



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



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
<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>

Monthly Stated Rent \$ SAMPLE Other Monthly Charges \$ 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

**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: AMPLI AMPLI  
AMPLI AMPLI AMPLI AMPLI

**FORWARDING ADDRESS:**

SAMPLE  
SAMPLE  
SAMPLE

**NOTES:**

SAMPLE  
 \_\_\_\_\_

**COMPLETED BY:**

OWNER/AGENT NAME SAMPLE DATE SAMPLE

**REVISED BY:**

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