



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 <u>SAMPLE</u>	NOTICE RECEIVED <u>SAMPLE</u>	TO VACATE ON <u>SAMPLE</u>	ACTUALLY VACATED ON <u>SAMPLE</u>	LEASE END DATE <u>SAMPLE</u>
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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