



CITY OF PORTLAND, OREGON  
**STATEMENT OF DEPOSIT ACCOUNTING**



DATE \_\_\_\_\_ PROPERTY NAME / NUMBER SAMPLE SAMPLE

RESIDENT NAME(S) SAMPLE SAMPLE SAMPLE

SAMPLE SAMPLE SAMPLE

UNIT NUMBER SAMPLE STREET ADDRESS SAMPLE

CITY SAMPLE STATE SAMPLE ZIP SAMPLE

# OF BEDROOMS SAMPLE # OF BATHROOMS SAMPLE

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

FED  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

**RESIDENT CREDITS**

**SECURITY DEPOSIT CREDITS**

Security Deposit Credit \$ SAMPLE

Additional Deposit Credit \$ SAMPLE

Other Deposit Credit SAMPLE \$ SAMPLE

Other Deposit Credit SAMPLE \$ SAMPLE

TOTAL SECURITY DEPOSIT CREDIT \$ SAMPLE

**OTHER CREDITS**

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 \$ SAMPLE

SAMPLE \$ SAMPLE

SAMPLE \$ SAMPLE

TOTAL OTHER CREDITS \$ SAMPLE

**TOTAL RESIDENT CREDITS \$ SAMPLE**

**RESIDENT CHARGES**

**PHOTOS ENCLOSED**

Unpaid Rent MONTHLY CHARGE \$ SAMPLE FROM SAMPLE THRU SAMPLE \$ SAMPLE

Unpaid Pet Rent MONTHLY CHARGE \$ SAMPLE FROM SAMPLE THRU SAMPLE \$ SAMPLE

Unpaid Garage/Storage MONTHLY CHARGE \$ SAMPLE FROM SAMPLE THRU SAMPLE \$ SAMPLE

Unpaid Utilities MONTHLY CHARGE \$ SAMPLE FROM SAMPLE THRU SAMPLE \$ SAMPLE

Unpaid Late Fees: SAMPLE \$ SAMPLE

Early Termination Fee: SAMPLE \$ SAMPLE

Cleaning (Beyond Normal Wear & Tear): SAMPLE \$ SAMPLE

Key/Lock Replacement: SAMPLE \$ SAMPLE

Storage of Abandoned Property: SAMPLE \$ SAMPLE

Goods Removal: SAMPLE \$ SAMPLE

Extermination: SAMPLE \$ SAMPLE

HOA Move-Out Assessment (Copy Attached): SAMPLE \$ SAMPLE

Other: SAMPLE \$ SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
<b>LIVING ROOM/ENTRY</b>			
1	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
2	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
3	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
4	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
5	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
6	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
7	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
8	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
9	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
10	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
11	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
12	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
13	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
14	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
15	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
16	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
17	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
18	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
19	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
20	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
21	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
22	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
23	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
24	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
25	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>KITCHEN/DINING ROOM</b>			
26	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
27	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
28	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
29	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
30	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
31	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
32	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
33	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
34	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
35	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
36	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
37	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
38	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
39	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
40	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
41	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
42	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE

RESIDENT NAME(S) SAMPLE

UNIT NUMBER SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
<b>KITCHEN/DINING ROOM (CONTINUED)</b>			
43	<input checked="" type="checkbox"/>	COUNTERTOPS	\$ SAMPLE
44	<input checked="" type="checkbox"/>	BACKSPLASH	\$ SAMPLE
45	<input checked="" type="checkbox"/>	SINK	\$ SAMPLE
46	<input checked="" type="checkbox"/>	FAUCET	\$ SAMPLE
47	<input checked="" type="checkbox"/>	GARBAGE DISPOSAL	\$ SAMPLE
48	<input checked="" type="checkbox"/>	RANGE/STOVE	\$ SAMPLE
49	<input checked="" type="checkbox"/>	DRIP PANS	\$ SAMPLE
50	<input checked="" type="checkbox"/>	HOOD FAN	\$ SAMPLE
51	<input checked="" type="checkbox"/>	REFRIGERATOR	\$ SAMPLE
52	<input checked="" type="checkbox"/>	DISHWASHER	\$ SAMPLE
53	<input checked="" type="checkbox"/>	MICROWAVE	\$ SAMPLE
54	<input checked="" type="checkbox"/>	HOOKS AND RODS	\$ SAMPLE
55	<input checked="" type="checkbox"/>	WINDOW UNIT AIR CONDITIONER	\$ SAMPLE
56	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
57	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>STORAGE/OTHER <input checked="" type="checkbox"/> N/A</b>			
58	<input checked="" type="checkbox"/>	DOORS	\$ SAMPLE
59	<input checked="" type="checkbox"/>	DOOR FRAMES	\$ SAMPLE
60	<input checked="" type="checkbox"/>	KNOBS	\$ SAMPLE
61	<input checked="" type="checkbox"/>	LOCKS	\$ SAMPLE
62	<input checked="" type="checkbox"/>	LIGHT FIXTURES	\$ SAMPLE
63	<input checked="" type="checkbox"/>	BULBS	\$ SAMPLE
64	<input checked="" type="checkbox"/>	ELECTRIC OUTLETS	\$ SAMPLE
65	<input checked="" type="checkbox"/>	SWITCHES	\$ SAMPLE
66	<input checked="" type="checkbox"/>	OUTLET/SWITCH COVERS	\$ SAMPLE
67	<input checked="" type="checkbox"/>	HEATER	\$ SAMPLE
68	<input checked="" type="checkbox"/>	THERMOSTAT	\$ SAMPLE
69	<input checked="" type="checkbox"/>	WASHER	\$ SAMPLE
70	<input checked="" type="checkbox"/>	DRYER	\$ SAMPLE
71	<input checked="" type="checkbox"/>	DECK/PATIO	\$ SAMPLE
72	<input checked="" type="checkbox"/>	HOOKS AND RODS	\$ SAMPLE
73	<input checked="" type="checkbox"/>	WINDOW UNIT AIR CONDITIONER	\$ SAMPLE
74	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
75	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
76	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>PRIMARY BEDROOM <input checked="" type="checkbox"/> N/A</b>			
77	<input checked="" type="checkbox"/>	WALLS	\$ SAMPLE
78	<input checked="" type="checkbox"/>	CEILING	\$ SAMPLE
79	<input checked="" type="checkbox"/>	FLOOR MATERIAL	\$ SAMPLE
80	<input checked="" type="checkbox"/>	DOORS	\$ SAMPLE
81	<input checked="" type="checkbox"/>	DOOR FRAMES	\$ SAMPLE
82	<input checked="" type="checkbox"/>	CLOSET DOORS	\$ SAMPLE

RESIDENT NAME(S) SAMPLE

UNIT NUMBER SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
<b>PRIMARY BEDROOM (CONTINUED)</b>			
83	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
84	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
85	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
86	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
87	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
88	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
89	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
90	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
91	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
92	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
93	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
94	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
95	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
96	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
97	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
98	<input checked="" type="checkbox"/>	Window Unit Air Conditioner	\$ SAMPLE
99	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
100	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
101	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>BEDROOM 2 <input checked="" type="checkbox"/> N/A</b>			
102	<input checked="" type="checkbox"/>	Walls	\$ SAMPLE
103	<input checked="" type="checkbox"/>	Ceiling	\$ SAMPLE
104	<input checked="" type="checkbox"/>	Floor Material	\$ SAMPLE
105	<input checked="" type="checkbox"/>	Doors	\$ SAMPLE
106	<input checked="" type="checkbox"/>	Door Frames	\$ SAMPLE
107	<input checked="" type="checkbox"/>	Closet Doors	\$ SAMPLE
108	<input checked="" type="checkbox"/>	Knobs	\$ SAMPLE
109	<input checked="" type="checkbox"/>	Locks	\$ SAMPLE
110	<input checked="" type="checkbox"/>	Windows	\$ SAMPLE
111	<input checked="" type="checkbox"/>	Screens	\$ SAMPLE
112	<input checked="" type="checkbox"/>	Window Coverings	\$ SAMPLE
113	<input checked="" type="checkbox"/>	Light Fixtures	\$ SAMPLE
114	<input checked="" type="checkbox"/>	Ceiling Fan	\$ SAMPLE
115	<input checked="" type="checkbox"/>	Bulbs	\$ SAMPLE
116	<input checked="" type="checkbox"/>	Electric Outlets	\$ SAMPLE
117	<input checked="" type="checkbox"/>	Switches	\$ SAMPLE
118	<input checked="" type="checkbox"/>	Outlet/Switch Covers	\$ SAMPLE
119	<input checked="" type="checkbox"/>	Heater	\$ SAMPLE
120	<input checked="" type="checkbox"/>	Thermostat	\$ SAMPLE
121	<input checked="" type="checkbox"/>	Hooks and Rods	\$ SAMPLE
122	<input checked="" type="checkbox"/>	Window Unit Air Conditioner	\$ SAMPLE
123	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE

RESIDENT NAME(S) SAMPLE

UNIT NUMBER SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
<b>BEDROOM 3</b> <input checked="" type="checkbox"/> N/A			
124 Walls	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
125 Ceiling	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
126 Floor Material	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
127 Doors	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
128 Door Frames	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
129 Closet Doors	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
130 Knobs	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
131 Locks	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
132 Windows	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
133 Screens	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
134 Window Coverings	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
135 Light Fixtures	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
136 Ceiling Fan	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
137 Bulbs	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
138 Electric Outlets	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
139 Switches	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
140 Outlet/Switch Covers	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
141 Heater	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
142 Thermostat	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
143 Hooks and Rods	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
144 Window Unit Air Conditioner	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
145 SAMPLE	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
146 SAMPLE	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>ESSENTIAL SERVICES</b>			
147 Plumbing	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
148 Heating	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
149 Electricity	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
150 Water Heater	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
151 Gas	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>BATHROOM 1</b> <input checked="" type="checkbox"/> N/A			
152 Walls	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
153 Ceiling	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
154 Floor Material	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
155 Doors	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
156 Door Frames	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
157 Knobs	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
158 Locks	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
159 Windows	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
160 Screens	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
161 Window Coverings	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
162 Light Fixtures	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
163 Bulbs	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
<b>BATHROOM 1 (CONTINUED)</b>			
164	<input checked="" type="checkbox"/>	Electric Outlets	\$ SAMPLE
165	<input checked="" type="checkbox"/>	Switches	\$ SAMPLE
166	<input checked="" type="checkbox"/>	Outlet/Switch Covers	\$ SAMPLE
167	<input checked="" type="checkbox"/>	Sink	\$ SAMPLE
168	<input checked="" type="checkbox"/>	Faucet	\$ SAMPLE
169	<input checked="" type="checkbox"/>	Cabinets	\$ SAMPLE
170	<input checked="" type="checkbox"/>	Cabinet/Drawer Pulls	\$ SAMPLE
171	<input checked="" type="checkbox"/>	Countertops	\$ SAMPLE
172	<input checked="" type="checkbox"/>	Mirror/Med Cabinet	\$ SAMPLE
173	<input checked="" type="checkbox"/>	Toilet	\$ SAMPLE
174	<input checked="" type="checkbox"/>	Toilet Seat	\$ SAMPLE
175	<input checked="" type="checkbox"/>	Shower/Tub	\$ SAMPLE
176	<input checked="" type="checkbox"/>	Shower/Tub Surround	\$ SAMPLE
177	<input checked="" type="checkbox"/>	Showerhead	\$ SAMPLE
178	<input checked="" type="checkbox"/>	Tub Faucet	\$ SAMPLE
179	<input checked="" type="checkbox"/>	Towel Bars	\$ SAMPLE
180	<input checked="" type="checkbox"/>	Toilet Paper Holder	\$ SAMPLE
181	<input checked="" type="checkbox"/>	Shower Rod	\$ SAMPLE
182	<input checked="" type="checkbox"/>	Fan	\$ SAMPLE
183	<input checked="" type="checkbox"/>	Heater	\$ SAMPLE
184	<input checked="" type="checkbox"/>	Thermostat	\$ SAMPLE
185	<input checked="" type="checkbox"/>	Hooks and Rods	\$ SAMPLE
186	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
187	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
188	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
189	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
<b>BATHROOM 2 <input checked="" type="checkbox"/> N/A</b>			
190	<input checked="" type="checkbox"/>	Walls	\$ SAMPLE
191	<input checked="" type="checkbox"/>	Ceiling	\$ SAMPLE
192	<input checked="" type="checkbox"/>	Floor Material	\$ SAMPLE
193	<input checked="" type="checkbox"/>	Doors	\$ SAMPLE
194	<input checked="" type="checkbox"/>	Door Frames	\$ SAMPLE
195	<input checked="" type="checkbox"/>	Knobs	\$ SAMPLE
196	<input checked="" type="checkbox"/>	Locks	\$ SAMPLE
197	<input checked="" type="checkbox"/>	Windows	\$ SAMPLE
198	<input checked="" type="checkbox"/>	Screens	\$ SAMPLE
199	<input checked="" type="checkbox"/>	Window Coverings	\$ SAMPLE
200	<input checked="" type="checkbox"/>	Light Fixtures	\$ SAMPLE
201	<input checked="" type="checkbox"/>	Bulbs	\$ SAMPLE
202	<input checked="" type="checkbox"/>	Electric Outlets	\$ SAMPLE
203	<input checked="" type="checkbox"/>	Switches	\$ SAMPLE
204	<input checked="" type="checkbox"/>	Outlet/Switch Covers	\$ SAMPLE
205	<input checked="" type="checkbox"/>	Sink	\$ SAMPLE
206	<input checked="" type="checkbox"/>	Faucet	\$ SAMPLE

RESIDENT NAME(S) SAMPLE

UNIT NUMBER SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
<b>BATHROOM 2 (CONTINUED)</b>			
207	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
208	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
209	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
210	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
211	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
212	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
213	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
214	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
215	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
216	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
217	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
218	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
219	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
220	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
221	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
222	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
223	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
224	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
225	<input checked="" type="checkbox"/>	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.

**TOTAL RESIDENT CHARGES \$ SAMPLE**

**AMOUNT OF DEPOSIT REFUND: \$ SAMPLE**

**AMOUNT OWED BY RESIDENT: \$ SAMPLE**

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

SAMPLE

SAMPLE

SAMPLE

**RESIDENT 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