



**MULTIFAMILY NW**  
The Association Promoting Quality Rental Housing

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



SAMPLE

SAMPLE

SAMPLE

SAMPLE

MOVE-OUT SETTLEMENT

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  
SAMPLE

NOTICE RECEIVED  
SAMPLE

TO VACATE ON  
SAMPLE

ACTUALLY VACATED ON  
SAMPLE

LEASE END DATE  
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.

**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

SAMPLE  
**FORWARDING ADDRESS:**

SAMPLE

SAMPLE

SAMPLE

SAMPLE  
**NOTES:**

SAMPLE

SAMPLE  
**COMPLETED BY:**

OWNER/AGENT NAME

SAMPLE

DATE

SAMPLE

SAMPLE  
**REVISED BY:**

OWNER/AGENT NAME

SAMPLE

SAMPLE

SAMPLE

SAMPLE

DATE

SAMPLE

SAMPLE

SAMPLE

SAMPLE