

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		
			(type) 🔀 Lease break
	☐ FED charges ☐ Court action filed ☐ ☐ Never took occ	upancy Other SAMPLE	
	ORIGINAL MOVE-IN NOTICE RECEIVED TO VACATE		LEASE END DATE
	SAMPLE SAMPLE SAMP	LE SAMPLE	SAMPLE
	Monthly Stated Rent \$ SAMPLE Other Monthly Charges \$ SAM	MPLE	
	RESIDENT CHARGES	RESIDENT CREDITS	
	UNPAID RENT & OTHER MONTHLY CHARGES		s SAMPLE
	FROM SAMPLE THRU SAMPLE	ADDITIONAL DEPOSIT CREDIT	0.4.4.51.5
	PAINTING: SAMPLE \$ SAMP		CAMPLE
_	CLEANING.	IOTAL CREDIT	SAMPLE \$
	CARPET CLEANING: SAMPLE \$ SAMP	TOTAL CHARGES	\$ SAMPLE
ETTLEMENT	BLIND / WINDOW COVERING CLEANING: SAMPLE \$ SAMP	<u>'LE</u>	<u></u>
F	EXTERMINATING: SAMPLE \$ SAMP	LE	
SET	KEY / LOCK REPLACEMENT: SAMPLE \$ SAMP		
	GOODS REMOVAL: SAMPLE \$ SAMP	PLE AMOUNT OF DEPOSIT REF	UND: \$ SAMPLE
5	REPAIRS: SAMPLE \$ SAMP	PLE AMOUNT OWED BY RESID	ENT: \$ SAMPLE
Ė	REPLACEMENTS: SAMPLE \$ SAMP		, 0, ==
MOVE-OUT	UNPAID LATE FEES: SAMPLE \$ SAMP	RESIDENT: Please remit payn	nent as soon as
_	UNPAID UTILITIES: SAMPLE \$ SAMP	possible to: SAMPLE	
	EARLY TERMINATION FEE: SAMPLE \$ SAMP		
	TIE/TIME VE GOT / NEGLEGIMENT (GOT 1/11 MOTILE).		right to hill for additional
	OTHER: SAMPLE \$ SAMP	damages not shown herein or o	costs which are incurred
TOTAL CHARGES			g is sent.
	OWNER/AGENT: If there is pre-paid rent, you must apply it to unpaid rent only and refund any balance of such pre-paid rent separate from any other amounts owed		
		to the deposit required for the	ne new unit listed above.
		Resident Initials: AMPL	
		;AMPLI ;AMPLI	SAMPLI SAMPLI
FORWARDING APPRECO.			
	FORWARDING ADDRESS: SAMPLE	COMPLETED BY: OWNER/AGENT NAME	DATE
	SAMPLE	SAMPLE	SAMPLE
	SAMPLE	REVISED BY:	
		OWNER/AGENT NAME	DATE CAMPLE
	NOTES: SAMPLE	SAMPLE SAMPLE	SAMPLE SAMPLE
	JAIVII LE	SAMPLE	SAMPLE SAMPLE
		SAMPLE	SAMPLE
		SAIVIFLE	SAIVIFLE

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