



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	PAID THRU	STOP BILLING DATE
SAMPLE	SAMPLE	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
LIVING ROOM/ENTRY			
1		Walls	\$ SAMPLE
2		Ceiling	\$ SAMPLE
3		Floor Material	\$ SAMPLE
4		Doors	\$ SAMPLE
5		Door Frames	\$ SAMPLE
6		Knobs	\$ SAMPLE
7		Locks	\$ SAMPLE
8		Sliding Door	\$ SAMPLE
9		Windows	\$ SAMPLE
10		Screens	\$ SAMPLE
11		Window Coverings	\$ SAMPLE
12		Light Fixtures	\$ SAMPLE
13		Ceiling Fan	\$ SAMPLE
14		Bulbs	\$ SAMPLE
15		Electric Outlets	\$ SAMPLE
16		Switches	\$ SAMPLE
17		Outlet/Switch Covers	\$ SAMPLE
18		Heater	\$ SAMPLE
19		Thermostat	\$ SAMPLE
20		Fireplace	\$ SAMPLE
21		SAMPLE	\$ SAMPLE
22		SAMPLE	\$ SAMPLE
23		SAMPLE	\$ SAMPLE
24		SAMPLE	\$ SAMPLE
25		SAMPLE	\$ SAMPLE
KITCHEN/DINING ROOM			
26		Walls	\$ SAMPLE
27		Ceiling	\$ SAMPLE
28		Floor Material	\$ SAMPLE
29		Sliding Door	\$ SAMPLE
30		Windows	\$ SAMPLE
31		Screens	\$ SAMPLE
32		Window Coverings	\$ SAMPLE
33		Light Fixtures	\$ SAMPLE
34		Ceiling Fan	\$ SAMPLE
35		Bulbs	\$ SAMPLE
36		Electric Outlets	\$ SAMPLE
37		Switches	\$ SAMPLE
38		Outlet/Switch Covers	\$ SAMPLE
39		Heater	\$ SAMPLE
40		Thermostat	\$ SAMPLE
41		Cabinets	\$ SAMPLE
42		Cabinet/Drawer Pulls	\$ SAMPLE

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

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

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
BEDROOM 3 <input checked="" type="checkbox"/> N/A			
127	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
128	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
129	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
130	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
131	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
132	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
133	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
134	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
135	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
136	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
137	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
138	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
139	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
140	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
141	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
142	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
143	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
144	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
145	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
146	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
147	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
148	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
149	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
150	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
ESSENTIAL SERVICES			
151	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
152	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
153	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
154	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
155	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
BATHROOM 1 <input checked="" type="checkbox"/> N/A			
156	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
157	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
158	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
159	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
160	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
161	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
162	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
163	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
164	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
165	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
166	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
167	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE

ITEM	N/A	DESCRIPTION OF CLEANING/REPAIR/REPLACEMENT REQUIRED BEYOND ORDINARY WEAR & TEAR	COST TO CLEAN/REPAIR/REPLACE
BATHROOM 1 (CONTINUED)			
168	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
169	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
170	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
171	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
172	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
173	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
174	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
175	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
176	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
177	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
178	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
179	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
180	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
181	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
182	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
183	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
184	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
185	<input checked="" type="checkbox"/>	SAMPLE	\$ 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
190	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
191	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
192	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
193	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
BATHROOM 2 <input checked="" type="checkbox"/> N/A			
194	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
195	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
196	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
197	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
198	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
199	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
200	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
201	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
202	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
203	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
204	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
205	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
206	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
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

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
BATHROOM 2 (CONTINUED)			
211	<input checked="" type="checkbox"/>	Cabinets	\$ SAMPLE
212	<input checked="" type="checkbox"/>	Cabinet/Drawer Pulls	\$ SAMPLE
213	<input checked="" type="checkbox"/>	Countertops	\$ SAMPLE
214	<input checked="" type="checkbox"/>	Mirror/Med Cabinet	\$ SAMPLE
215	<input checked="" type="checkbox"/>	Toilet	\$ SAMPLE
216	<input checked="" type="checkbox"/>	Toilet Seat	\$ SAMPLE
217	<input checked="" type="checkbox"/>	Shower/Tub	\$ SAMPLE
218	<input checked="" type="checkbox"/>	Shower/Tub Surround	\$ SAMPLE
219	<input checked="" type="checkbox"/>	Showerhead	\$ SAMPLE
220	<input checked="" type="checkbox"/>	Tub Faucet	\$ SAMPLE
221	<input checked="" type="checkbox"/>	Towel Bars	\$ SAMPLE
222	<input checked="" type="checkbox"/>	Toilet Paper Holder	\$ SAMPLE
223	<input checked="" type="checkbox"/>	Shower Rod	\$ SAMPLE
224	<input checked="" type="checkbox"/>	Fan	\$ SAMPLE
225	<input checked="" type="checkbox"/>	Heater	\$ SAMPLE
226	<input checked="" type="checkbox"/>	Thermostat	\$ SAMPLE
227	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
228	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
229	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
230	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE
231	<input checked="" type="checkbox"/>	SAMPLE	\$ SAMPLE

TOTAL RESIDENT CHARGES \$ SAMPLE

AMOUNT OF DEPOSIT REFUND: \$ SAMPLE

AMOUNT OWED BY RESIDENT: \$ 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.

RESIDENT: Please remit payment as soon as possible to:

SAMPLE
SAMPLE
SAMPLE

RESIDENT FORWARDING ADDRESS:

SAMPLE
SAMPLE
SAMPLE

COMPLETED BY:

OWNER/AGENT NAME
SAMPLE
DATE
SAMPLE

REVISED BY:

OWNER/AGENT NAME
SAMPLE
DATE
SAMPLE
SAMPLE
SAMPLE
SAMPLE

NOTES:

SAMPLE