



CITY OF PORTLAND, OREGON
STATEMENT OF FINAL ACCOUNTING
(NO SECURITY DEPOSIT)



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	NOTICE RECEIVED	TO VACATE ON	ACTUALLY VACATED ON	LEASE END DATE	PAID THRU	STOP BILLING DATE
<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>	<u>SAMPLE</u>

Monthly Stated Rent \$ SAMPLE

RESIDENT CHARGES

UNPAID RENT	FROM <u>SAMPLE</u> THRU <u>SAMPLE</u>	\$ <u>SAMPLE</u>
UNPAID PET RENT	FROM <u>SAMPLE</u> THRU <u>SAMPLE</u>	\$ <u>SAMPLE</u>
UNPAID GARAGE/STORAGE	FROM <u>SAMPLE</u> THRU <u>SAMPLE</u>	\$ <u>SAMPLE</u>
UNPAID UTILITIES	FROM <u>SAMPLE</u> THRU <u>SAMPLE</u>	\$ <u>SAMPLE</u>
UNPAID LATE FEES:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
EARLY TERMINATION FEE:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
PAINTING:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
CLEANING:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
CARPET CLEANING:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
BLIND / WINDOW COVERING CLEANING:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
REPAIRS:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
REPLACEMENTS:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
KEY / LOCK REPLACEMENT:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
STORAGE OF ABANDONED PROPERTY:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
GOODS REMOVAL:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
EXTERMINATION:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
HOA MOVE-OUT ASSESSMENT (COPY ATTACHED):	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
OTHER:	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
TOTAL CHARGES		\$ <u>SAMPLE</u>

RESIDENT CREDITS (NO SECURITY DEPOSIT)

CREDIT	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
CREDIT	<u>SAMPLE</u>	\$ <u>SAMPLE</u>
TOTAL CREDIT		\$ <u>SAMPLE</u>
TOTAL CHARGES		\$ <u>SAMPLE</u>

MOVE-OUT SETTLEMENT

AMOUNT OF REFUND:	\$ <u>SAMPLE</u>
AMOUNT OWED BY RESIDENT:	\$ <u>SAMPLE</u>

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.

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.

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

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