

RENTAL DEPOSIT AGREEMENT

Name of Tenant _____ Date _____

Rental Address _____ Tenant Phone _____

Deposit Required \$ _____ Amount Paid \$ _____ Balance Due \$ _____

Balance Paid \$ _____

Date Balance Paid _____

The Tenant's major obligation: To return the rental unit to the Landlord at the end of tenancy in the same condition as at the beginning of the tenancy.

The Landlord and the Tenant will complete the Move-In inspection form prior to move-in. The Landlord should schedule the Move-In inspection as part of the move-in appointment. It is the Tenant's responsibility to arrange a time with the Landlord to complete the inspection after Move-Out. The Tenant may want to schedule a preliminary inspection 7-10 days prior to actual move-out so he/she can correct any unsatisfactory conditions by move-out day. The landlord **WANTS** to return the deposit. The Landlord **WILL** return your deposit **IF** the required conditions are met. The following shows a listing of charges.

NO CHARGES ASSESSED:

All items of the Rental Agreement/Lease have been fulfilled.

CHARGES WILL BE ASSESSED FOR:

1. If the Tenant has not given written 30 day notice or if the tenant breaks the lease term. Notice is due on or before the 1st day of the month and the Tenant must be moved out by the last day of the month. When the Tenant gives less than the 30 day notice, breaks the lease term or the Tenant holds over beyond the expiration of the lease or the end of the month, the Tenant owes the Landlord additional rent. Rent should be assessed on a pro-rated basis. Rent may be assessed until the end of the lease term or until the unit is re-rented if the lease term is broken.
2. Keys not returned. Charges will be of \$25.00 per lock, or actual cost, whichever is greater.
3. Removal of debris/rubbish/garbage/discards/junk. Minimum charge: \$25.00 per load.
4. Cleaning. Charges will be assessed at \$10.00 per hour. Specific cleaning charges are: refrigerator-\$10.00; defrost freezer-\$10.00; stove-\$25.00; oven-\$25.00; broiler-\$25.00; exhaust hood/fan-\$5.00.
5. Repair of any damage beyond normal wear and tear. \$20.00 per hour.
6. Replacement of missing or burned out light bulbs. Minimum-\$1.00 per bulb.
7. Cleaning of carpets. Actual cost from approved carpet cleaning firm.
8. Cleaning/waxing of flooring. Minimum charge-\$10.00 per hour.
9. Removal/repair of stickers/adhesives/scratches/holes in the walls and woodwork. \$10.00 per hour.
10. Repair of damaged appliances. Actual expense incurred from repair/replacement.

The Tenant agrees the Damage Deposit is not an advance payment of rent or payment for the last month's rent. The Tenant agrees the full monthly rent will be paid on/before the first day of every month including the last month of occupancy.

The Tenant agrees to provide a forwarding address. Deposit refund and/or an explanation of charges cannot be made without written receipt of a forwarding address. The Landlord or the Landlord's agent agrees to furnish an itemized statement of all charges, plus the deposit refund within 30 days of the Tenant's move-out provided a written forwarding address has been provided. If charges exceed the amount of the deposit, the Tenant agrees to pay all charges that exceed the Rental Deposit amount within 30 days of the date the statement of charges is mailed or legal proceedings will be initiated.

If the rental application is withdrawn after the Applicant is notified of approval, the Applicant automatically forfeits the Rental Deposit paid.

Applicant/Tenant Signature _____ Date _____

DISPOSITION OF SECURITY DEPOSIT FOLLOWING MOVE-OUT

Tenant _____ Address _____

Forwarding Address _____

CREDITS

Security Deposit \$ _____

Other \$ _____

Total \$ _____

CHARGES

Cleaning:

Appliances \$ _____

Carpet \$ _____

General \$ _____

Damages:

Furnishings \$ _____

Glass/Screens \$ _____

General Repair/Replacement \$ _____

Removal/Hauling \$ _____

Keys/Relocking \$ _____

Light Bulbs - _____ Bulbs @ _____ \$ _____

Rent Due _____ Days @ _____ \$ _____

Sheriff/Court Costs/Legal Fees/Judgments \$ _____

Uncollected Late Charges \$ _____

Unpaid Utilities \$ _____

Total Charges \$ _____

Deposit \$ _____

Owed By Tenant \$ _____

Check Number _____ Date _____

Refund to Tenant \$ _____

PreRefund Notice

Resident _____

Address _____

Date _____

We are reviewing items which will be charged against your security deposit of \$ _____. The listing below is an **estimate**. Changes may occur after further review. You will be notified of any changes made at the time of your final notice.

Rent Due/Rent Refund	_____
Utilities Due	_____
Keys Not Returned	_____
Paint Labor	_____
Paint Material	_____
Apartment Cleaning	_____
Carpet Cleaning	_____
Light Bulbs	_____
Processing Fee (Conventional)	_____
Charges for Repairs/Missing Equipment:	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Estimated Charges _____

Total Amount of Estimated Refund _____

Total Amount of Estimated Balance Owed _____

If you have questions regarding any of the above charges or credits, please contact me within seven (7) days of the date of this letter. Otherwise, we will assume you have accepted and agreed to the extent of these charges.

Landlord or Agent _____ Date _____

Address _____ Phone _____