

SECURITY DEPOSIT REFUND

[Property Management Company Name]

[Address Line 1]

[City, State, Zip]

Invoice #: _____

Date: _____

TENANT INFORMATION

[Tenant Name]

[Forwarding Address Line 1]

[City, State, Zip]

RENTAL PROPERTY

[Unit Address / Number]

Lease End Date: _____

Move-out Date: _____

Description	Amount
Total Security Deposit Received	\$ 0.00
Interest Earned (if applicable)	\$ 0.00
LESS DEDUCTIONS:	
Cleaning Fees	(\$ 0.00)
Repairs / Damages (See attached receipts)	(\$ 0.00)

Description	Amount
Outstanding Rent / Late Fees	(\$ 0.00)
Unpaid Utilities	(\$ 0.00)
Total Deposit Credits: \$ 0.00	
Total Deductions: (\$ 0.00)	
REFUND AMOUNT: \$ 0.00	

Note: If the refund amount is negative, the balance is due within [X] days. Please contact the management office for payment instructions or questions regarding these deductions.

Authorized Signature: _____ Date: _____