

# SECURITY DEPOSIT DISPOSITION FORM

Date: \_\_\_\_\_

**Vacating Resident**

Forwarding/Last Known Address

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Move-Out Date: \_\_\_\_\_

\_\_\_\_\_

**Dear Former Resident,**

This letter provides you with a written itemized list of the deductions management is applying against the Security Deposit. You must immediately make arrangements to pay any balance you left owing the property (if applicable). You must leave a forwarding address in order for any portion of the deposit to be returned. If we do not have a forwarding address, the security deposit (if any) will be mailed to the last known address.

Date the landlord was notified that the unit would be becoming vacant. \_\_\_\_\_

Actual date possession was returned to landlord. \_\_\_\_\_

**Other Charges Owed** (Rent, Late Fees, Court Cost, etc)

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL OTHER CHARGES	\$ _____

**List of Damages (attach receipts)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Amount of Security Deposit: \$ \_\_\_\_\_

Total Deductions: \$ \_\_\_\_\_

Deposit Balance Due Resident: \$ \_\_\_\_\_

Balance Owed by Resident: \$ \_\_\_\_\_

Sincerely,

\_\_\_\_\_  
Landlord

\_\_\_\_\_  
Date