



DATE _____ PROPERTY NAME / NUMBER _____
 RESIDENT NAME(S) _____

 UNIT NUMBER _____ STREET ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 # OF BEDROOMS SAMPLE # OF BATHROOMS SAMPLE

Lease expiration Resident's 20-day notice No notice Owner/Agent's notice SAMPLE (type) Lease break or concession
 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
SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE	SAMPLE

Monthly Stated Rent \$ SAMPLE Other Monthly Charges \$ SAMPLE

RESIDENT CHARGES

UNPAID RENT & OTHER MONTHLY CHARGES \$ SAMPLE
 FROM SAMPLE THRU SAMPLE
 PAINTING: SAMPLE \$ SAMPLE
 CLEANING: SAMPLE \$ SAMPLE
 CARPET CLEANING: SAMPLE \$ SAMPLE
 BLIND / WINDOW COVERING CLEANING: SAMPLE \$ SAMPLE
 EXTERMINATING: SAMPLE \$ SAMPLE
 KEY / LOCK REPLACEMENT: SAMPLE \$ SAMPLE
 GOODS REMOVAL: SAMPLE \$ SAMPLE
 REPAIRS: SAMPLE \$ SAMPLE
 REPLACEMENTS: SAMPLE \$ SAMPLE
 UNPAID LATE FEES: SAMPLE \$ SAMPLE
 UNPAID UTILITIES: SAMPLE \$ SAMPLE
 EARLY TERMINATION FEE: SAMPLE \$ SAMPLE
 OTHER: SAMPLE \$ SAMPLE
TOTAL CHARGES \$ SAMPLE

RESIDENT CREDITS

SECURITY DEPOSIT CREDIT \$ SAMPLE
 ADDITIONAL DEPOSIT CREDIT \$ SAMPLE
 OTHER CREDIT SAMPLE \$ SAMPLE
TOTAL CREDIT \$ SAMPLE
TOTAL CHARGES \$ SAMPLE

AMOUNT OF DEPOSIT REFUND: \$ SAMPLE

AMOUNT OWED BY RESIDENT: \$ SAMPLE

SAMPLE
 RESIDENT: Please make checks payable and send within 10 days to:

SAMPLE
SAMPLE
SAMPLE

Failure to do so could result in legal action which can jeopardize your good credit.

Owner/Agent does not waive its right to bill for additional damages not shown herein or costs which are finalized after the final accounting is sent.

FORWARDING ADDRESS:

SAMPLE
SAMPLE
SAMPLE

TRANSFER OF DEPOSIT

If transferring to another unit, Resident authorizes Owner/Agent to apply the Amount of Deposit Refund to the deposit required for the new unit listed above.

SAMPLE
 COMPLETED BY (OWNER/AGENT NAME)

SAMPLE
 DATE

MOVE-OUT SETTLEMENT