SECURITY DEPOSIT REFUND FORM

Resident's Name: _____

Address: _____ Unit No._____

City: _____ CA, Zip Code: _____

FORWARDING Address:_____ Unit No._____

City: _____State:_____ Zip Code: _____

The following is an itemized statement of your deposit account:

1. Date tenancy began:_____ Date keys turned in: _____
2. Total of all deposits paid: $_____
3. Deductions:

TYPE	DESCRIPTION	COST
Repairs		
Painting		
Cleaning		
Carpet Cleaning		
Drape Cleaning		
Miscellaneous		
Unpaid Rent		
Court Judgement		
	Total Deductions	

Your check is enclosed in the amount of $_____.

Please make your check in the amount of $_____ payable to _____ within 21 days of receipt of this statement.

Documents to support deductions for repairs or cleaning together are not required when the total does not exceed $125.

"AS REQUIRED BY LAW, YOU ARE HEREBY NOTIFIED THAT A NEGATIVE CREDIT REPORT REFLECTING ON YOUR CREDIT HISTORY MAY BE SUBMITTED TO A CREDIT REPORTING AGENCY IF YOU FAIL TO FULFILL THE TERMS OF YOUR CREDIT OBLIGATIONS," CC1785.26(c)(2)

_____ _____

Owner/Agent Date