

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 _____



Your use of any of these forms constitutes your representation that you have counseled with your personal attorney before using the form, and in using the form you are relying on your attorney's counsel and your own investigation, and not on any express or implied representation by SBRPA or any of its officers, directors, employees, or representatives.

Form MO-004
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