

DEPOSIT STATEMENT

Resident(s):
SAMPLE

Property:
SAMPLE Unit SAMPLE

Address:
SAMPLE
SAMPLE

Address:
SAMPLE
SAMPLE, NM SAMPLE

Move Out Date:
SAMPLE

Deposit(s) Date Amount

Move In Date:
SAMPLE

Lease: SAMPLE \$ SAMPLE

Lease Expiration Date:
SAMPLE

Pet: SAMPLE \$ SAMPLE

Date Notice Received:
SAMPLE

Other: SAMPLE \$ SAMPLE

Rent paid through:
SAMPLE

Total Deposit: \$ SAMPLE

CHARGES DEDUCTED FROM DEPOSIT

Judgment			SAMPLE
Unpaid rent	From SAMPLE	To SAMPLE	\$ SAMPLE
Unpaid utilities	From SAMPLE	To SAMPLE	\$ SAMPLE
Other Charges (Describe) SAMPLE			\$ SAMPLE
√ as appropriate. Describe "other" charges/damages fully			
CLEANING			
Kitchen:	<input checked="" type="checkbox"/> Oven		\$ SAMPLE
	<input checked="" type="checkbox"/> Burners		SAMPLE
	<input checked="" type="checkbox"/> Refrigerator		SAMPLE
	<input checked="" type="checkbox"/> Sink		SAMPLE
	<input checked="" type="checkbox"/> Other SAMPLE		SAMPLE
Bath:	<input checked="" type="checkbox"/> Toilet		\$ SAMPLE
	<input checked="" type="checkbox"/> Tub/shower		SAMPLE
	<input checked="" type="checkbox"/> Sink		SAMPLE
	<input checked="" type="checkbox"/> Other SAMPLE		SAMPLE
Carpet/floor:	<input checked="" type="checkbox"/> Shampoo		\$ SAMPLE
	<input checked="" type="checkbox"/> Pet Sanitation		SAMPLE
	<input checked="" type="checkbox"/> Mop		SAMPLE
	<input checked="" type="checkbox"/> Other SAMPLE		SAMPLE
Other cleaning: SAMPLE			\$ SAMPLE
Trash removal: SAMPLE			\$ SAMPLE
DAMAGE (exclude ordinary wear and tear)			\$
Paint:	<input checked="" type="checkbox"/> Nail/screw holes		\$ SAMPLE
	<input checked="" type="checkbox"/> Paint AMPL room(s)		SAMPLE

	<input checked="" type="checkbox"/> Other SAMPLE	SAMPLE
Windows:	<input checked="" type="checkbox"/> Repl. <u>AMPL</u> glass panes	\$ SAMPLE
	<input checked="" type="checkbox"/> Other: SAMPLE	SAMPLE
Locks:	<input checked="" type="checkbox"/> Rekey locks	SAMPLE
	<input checked="" type="checkbox"/> Repl. <u>SAMPLE</u> lock	SAMPLE
	<input checked="" type="checkbox"/> Other: SAMPLE	\$ SAMPLE
Doors:	<input checked="" type="checkbox"/> Repl. <u>SAMPLE</u> door	\$ SAMPLE
	<input checked="" type="checkbox"/> Other: SAMPLE	SAMPLE
Floors:	<input checked="" type="checkbox"/> Repl. carpet in <u>SAMPLE</u>	\$ SAMPLE
	<input checked="" type="checkbox"/> Other: SAMPLE	SAMPLE
Other Damage:	SAMPLE	\$ SAMPLE
(itemize)	SAMPLE	\$ SAMPLE
	SAMPLE	SAMPLE
	SAMPLE	SAMPLE
	SAMPLE	SAMPLE
	SAMPLE	\$ SAMPLE

TOTAL CHARGES TO RESIDENT: (\$ SAMPLE)

REFUND OF DEPOSIT ENCLOSED: \$ SAMPLE

OR

(BALANCE DUE FROM RESIDENT): (\$ SAMPLE)

Comments: SAMPLE

Manager/Owner	Date	Date delivered	How Delivered

Important Note: Notice must be mailed to Resident's forwarding address, or last known address. If notice is mailed to the unit the resident vacated, or if the notice is returned by the Postal Service, then the notice must be mailed to the resident at least one other address (such as an emergency contact, employer, etc.) furnished by the resident.