

DEPOSIT REFUND CHECKLIST



TENANT NAME(S): _____ DATE: ___/___/___
 RENTAL ADDRESS: _____ UNIT# _____
 CITY: _____ STATE: _____ ZIP: _____

TENANT HAS PAID THE FOLLOWING DEPOSITS:

Security Deposit (total of all deposits other than Last Month's Rent): \$ _____
 Last Month's Rent Deposit: \$ _____

Tenant(s) Last Month's Rent Deposit will be refunded based solely on whether there is any rent due and owing when the Tenant(s) delivers possession of the dwelling unit to the Landlord.

Tenant(s) Security Deposit will be refunded based on the following criteria at the time the Tenant(s) delivers possession of the dwelling unit to the Landlord:

CLEANING THE FOLLOWING AREAS:

- Appliances
- Walls, Ceiling and Floors
- Carpet:
 - If checked, Tenant(s) should have the carpet professionally cleaned
 - If checked, in accordance with the rental agreement Landlord will have the carpet professionally cleaned and deduct the cost from the Security Deposit
- Window Coverings:
 - Professional cleaning of window covering (required if checked)
- Fixtures
- Windows
- Heating and Ductwork
- Other: _____
- Other: _____

EXTERIOR (check all that apply):

- Cleaning the Premises
- Yard Mowed
- Planters Weeded
- Windows
- Other: _____
- Other: _____

OTHER REQUIREMENTS:

- There should be no damage to the dwelling unit beyond normal wear and tear
- Replace all burnt out light bulbs
- Smoke detectors and carbon monoxide detectors must have working batteries
- Remove all trash, garbage, debris and any other personal property
- Final utilities paid current
- All rent and fees paid current
- There are no other breaches of the rental agreement
- Other: _____

Tenant(s) agrees to provide a forwarding address to the Landlord. If Tenant(s) fails to provide a forwarding address to the Landlord, Tenant(s) is hereby advised that any written accounting or refund will be sent to the rental premises.

X _____ Date X _____ Date X _____ Date
 Landlord/Owner/Agent Tenant Tenant



X _____ Date X _____ Date
 Tenant Tenant