## 212(02/15)

DATE: \_\_\_\_\_

## DEPOSIT REFUND CHECKLIST



TENANT NAME(S):	
RENTAL ADDRESS:	
CITY:	
TENANT HAS PAID THE FOLLOWING DEPOSITS:	
Security Deposit (total of all deposits other than Last Month's Rent):	\$
Last Month's Rent Deposit:	\$

A written accounting and/or any refund of the last month's rent deposit and/or security deposit will be provided to Tenant in accordance with ORS 90.300.

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:

O If checked, Tenant(s) should have the carpet professionally cleaned

O 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:
  - O Professional cleaning of window covering (required if checked)
- Fixtures
- Windows
- Heating and Ductwork
- Other: \_\_\_\_
- Other: \_

## **EXTERIOR** (check all that apply):

- O Cleaning the Premises
- O Yard Mowed
- O Planters Weeded
- O Windows
- O Other: \_
- O 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.

Х			X		Χ	
Landlord	/Owner/Agent	Date	Tenant	Date	Tenant	Date
合	WARNING: This form may not be reprinted without written		Х		Х	
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