212 (02/15)

DEPOSIT REFUND CHECKLIST

DATE: ___ ___ ___

TENANT NAME(S): _____

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: $_____

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:
  - ○ 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_____ X_____ X_____

Landlord/Owner/Agent Date Tenant Date Tenant Date

X_____ X_____

Tenant Date Tenant Date

EQUAL HOUSING OPPORTUNITY

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