

Security Deposit Amount: \$ _____

Total Deductions: \$ _____

Balance Due Resident: \$ _____

Balance Owed by Resident: \$ _____

Comments:

If you have any questions or dispute the charges listed above, please call us to schedule a meeting. Please send any balance owed amount to:

If we do not receive the balance owed within 30 days, it will be turned over for collection and we may seek legal action against you to recover losses—including both collection costs and any attorneys' fees.

Sincerely,

Landlord

Date