PORTLAND DEPOSIT ACCOUNTING

T15 PORTLAND

Tenant(s): _____

Tenant(s): _____ **et al (and all others)**

Address: _____ **Unit:** _____

City: _____ **OREGON   Zip:** _____

Section #1 - Deposits Paid

Pet Deposit	*(Copy to Section #6)*	$_____
Other Deposit _____	*(Copy to Section #7)*	$_____
Other Deposit _____	*(Copy to Section #8)*	$_____
Security Deposit	*(Copy to Section #9)*	$_____

Section #2 - Last Month's Rent Deposit, Prepaid Rent

Last Month's Rent Deposit $_____
Prepaid Rent $_____
Total Rent Deposit and Prepaid Rent $_____
                                               (Copy to Section #4)

Section #3 - Rent Proration

Rent $_____ divided by 30-days = **Daily Rent $_____**
Rent due from _____ to _____ = **# of days** _____
# of days _____ x Daily Rent $_____ = **Rent Due $_____**
(Copy Daily Rent to Section #5, copy Rent Due to Section #4)

Section #4 - Rent Deposit or Prepaid Rent
(Skip this if Section #2 is $0)
Total Rent Deposit and Prepaid Rent *(From Section #2)* $_____
Rent Due *(From Section #3)*   *(Subtract from above)* $_____
Credit/Debit   **$_____**
(Copy to Section #5 if Debit from Tenant(s), copy to Section #11 if Credit to Tenant(s))

Section #5 - Deductions to Security Deposit

Credit/Debit Rent Due *(If Debit from Section #4)* $_____

Past Due Utilities/Services _____ $_____

Other Utilities/Services _____ $_____

Fees/Non-Compliance Charges _____ $_____

Fees/Non-Compliance Charges _____ $_____

Fees/Non-Compliance Charges _____ $_____

Cleaning _____ $_____

Cleaning _____ $_____

Carpet Cleaning _____ $_____

Landscaping _____ $_____

Landscaping _____ $_____

Damages _____ $_____

Damages _____ $_____

Damages _____ $_____

Other _____ $_____

Other _____ $_____

Other _____ $_____

Pet Damage *(If no Pet Deposit)* _____ $_____

Additional days to prepare for re-renting:

____ days x **Daily Rent** *(Section #3)* $_____ = $_____

Total Security Deposit Deductions $_____
(Copy to Section #9)

Section #6 - Pet Deposit Balance
(Skip this if Pet Deposit from Section #1 is $0)

Pet Deposit Amount *(From Section #1)* $_____
Damages Caused by Pet(s)   *(Subtract from Deposit)* $_____
Balance $_____

(If Deductions are more than the Deposit, enter the balance owed in Section #10. If there is a positive balance transfer it to Section #11)

Section #7 - Other Deposit Balance
(Skip this if Other Deposit from Section #1 is $0)

Other Deposit Amount *(From Section #1)* $_____
Deductions for: _____   *(Subtract from Deposit)* $_____
Balance $_____

(If Deductions are more than the Deposit, enter the balance owed in Section #10. If there is a positive balance transfer it to Section #11)

Section #8 - Other Deposit Balance
(Skip this if Other Deposit from Section #1 is $0)
Other Deposit Amount *(From Section #1)* $_____
Deductions for: _____   *(Subtract from deposit)* $_____
Balance $_____

(If Deductions are more than the Deposit, enter the balance owed in Section #10. If there is a positive balance transfer it to Section #11)

Section #9 - Security Deposit Balance
(Skip if Security Deposit from Section #1 is $0)

Security Deposit Amount *(From Section #1)* $_____
Total Deductions *(From Section #5)(Subtract from deposit)* $_____
Balance $_____

(If Deductions are more than the Deposit, enter the balance owed in Section #10. If there is a positive balance transfer it to Section #11)

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Section #10 - Final Balance Due Owner/Agent	Section #11 - Refund Due Tenant(s)
Rent Due Owner/Agent *(From Section #4)* $_____	Rent refund due Tenant(s) *(From Section #4)* $_____
Amount due Owner/Agent *(From Section #6)* $_____	Deposit refund due Tenant(s) *(From Section #6)* $_____
Amount due Owner/Agent *(From Section #7)* $_____	Deposit refund due Tenant(s) *(From Section #7)* $_____
Amount due Owner/Agent *(From Section #8)* $_____	Deposit refund due Tenant(s) *(From Section #8)* $_____
Amount due Owner/Agent *(From Section #9)* $_____	Deposit refund due Tenant(s) *(From Section #9)* $_____
Total Owed to Owner/Agent By Tenant(s) $_____	**Total Refund Due Tenant(s)** $_____

If Tenants are due a refund (see Section #11), a check is enclosed for the total amount of the refund. Depositing or cashing the check constitutes acceptance as payment in full.

If there is a balance due the Owner/Agent (see Section #10), the total amount owing is due immediately and must be paid within 10 days. If payment in full is not received within 10 days, appropriate legal and/or other actions may be taken to collect the amount owed. Actions may include, but are not limited to; filing a Small Claims suit, Wage Garnishment, assigning to a Collection Agency and/or reporting to a Credit Reporting Agency.

☐ If box is checked, cleaning/repairs are still in progress. Additional charges will be forthcoming upon completion. Regardless of whether or not box is checked, Owner/Agent may assess additional damage charges caused by Tenant(s), if discovered within one year of termination of tenancy.

If you can not make the payment in full within 10 days, the Owner/Agent may be willing to make payment arrangements. Contact Owner/Agent IMMEDIATELY for payment options.

Owner/Agent Signature: _____ **Date:** _____

MAKE PAYMENTS TO:
Owner/Agent: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Email: _____

*In accordance with **ORS 90,** Owner/Agent may claim: unpaid Rent, utilities/services, Fees, cleaning, landscaping damages, damages to Rental Unit, pet damages and recover Rent for the days necessary to prepare the Rental Unit for re-renting.*