

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)



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) (If Credit, 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.

