

Security Deposit Refund Information

Rental Address: _____

Name of Tenants: _____

Deposit Check Made to: _____

***** (We will only make out one check, it can be to all tenants or to one etc...Please specify how you would like the check made out above and all tenants must sign for approval of how deposit check is made out.)

All Tenant Signatures: _____

Forwarding Address for Deposit Check: _____

Phone #'s: _____

***** Date and Time All tenants will be out, unit cleaned and keys turned in: _____

Please note that you must stick to time scheduled as we hire a professional crew to come in at specific times and dates they will charge against your deposit if it is not ready at time stated. All tenants must be out no later than 12:00 Noon the last day of the month.

For Office Use Only:

Deposit Amount \$ _____

The following charges are to be deducted:

Cleaning Charge: \$ _____

Excessive Paint/Repair: \$ _____

Unpaid Late Fees: \$ _____

Utility Payment \$ _____ Other/Misc: \$ _____

Notes: _____

Amount of Deposit Refund: _____

Amount of Rent Refund: _____

Total Amount Refunded: _____**Thank you** for leasing with Chaney Properties.

Please keep us mind for your commercial AND residential leasing needs.

www.chaneyproperties.com 336-273-1914