

DEPOSIT REFUND SIGNATURE FORM

Tenants: _____

Address: _____

Lease Expiration: _____

Dear Tenants:

The lease period for your rental property is almost up and we are now in the process of getting ready for move-out time. It is our goal to do the necessary bookkeeping and get the deposits out to you as soon after the lease ends as possible. However, dealing with several different checks, which are each sent to different addresses, can delay getting the deposit refunded properly. It is also difficult for us to know how much the deposit is intended to be split up by you, the tenants. To avoid these situations, **WE WILL BE ISSUING ONE CHECK** to the person of your choice. It will then be up to all of you to split up the total amount refunded as you wish.

Please use this form to indicate whom you have chosen and verify that all of you understand and agree to this choice by signing below. **It is important that this form be completed and turned prior to your move out date. Please call the office 3 to 4 days prior to your vacating, if you wish to to schedule a pre-move-out inspection of the property. Additionally, please review our CLEANING GUIDE. This form should be reviewed prior to your cleaning so that you will have an understanding of what condition we expect the unit to be returned to us.**

Thank you in advance for your cooperation.

Person to whom deposit check shall be issued: _____

Address check shall be sent to: _____

Phone number: () _____ - _____

Verifying signatures: _____
***** ALL tenants' signatures
are required for timely return
of a security deposit.***** _____

**(Signatures will be verified
with proper identification)** _____