

Moving Out Reconciliation

Use of this form. Please follow the procedures outlined in the Resident Handbook section entitled "Moving Out".

1. Be sure to have arranged for the carpet to be cleaned on or before the last day of your occupancy of the apartment, if you spotted, stained, dirtied, etc. or spilled something on the carpeting. For a list of carpet cleaning service companies, please consult the Yellow Pages.
 - a. The carpets have to be cleaned on or near the final day of the Lease Agreement (LA) term AND when the tenant will no longer be actively using the apartment as a residence.
 - b. Make a copy of the receipt the carpet cleaning service provides to you and staple or attach the ORIGINAL receipt to this form. Note: Tenant is still responsible for any permanent stain, damage, spot(s), holes, cigarette burns, etc. See your LA.
 - c. If you don't have the carpet cleaned yourself, then you must include with this form a check in the amount as listed in your LA for the charge to have the carpets cleaned.
 2. Be sure to have arranged for the walls to be painted by a professional painting service, if the walls were in any way scuffed, marked, scratched, gouged or dirtied by the resident while the resident occupied the apartment. For a list of painting service companies, please consult the Yellow Pages.
 - a. Make a copy of the receipt the painting service provides to you and staple or attach the ORIGINAL receipt to this form.
 - b. If you don't have the walls painted by a service, then you must include with this form a check in the amount as listed in your LA for the charge to have the walls painted, i.e. for example .45¢ per square foot, take the length of the entire wall (walls are painted in their entirety only) times the height of the wall (L x H) and multiplying that number, the total square footage, by .45¢ to arrive at the total dollar amount to be submitted.
- NOTE: Nothing in this form shall be construed as the tenant being released from any obligations under law or deny the landlord the ability to exercise and/or protect any or all of his/her rights.
3. Make a copy of this form for your records and leave the original of this completed form along with all necessary documentation and/or payment check with your keys in the kitchen in the drawer to the right of the sink. Be sure to lock the knob only and close the door as you leave. Please complete your moving out by 12:00 noon on the last day of your lease agreement.

Amount Submitted By Tenant Pursuant to the Above

Category	Applicability	Amount Calculation	\$ Amount
Carpet Cleaning	If carpeting was dirtied, spotted, stained, etc. and not cleaned by a service.	Either 1 bedroom (\$___ . 00)* OR 2 bedroom (\$___ . 00)*	___ . 00
Wall Painting	If walls were scuffed, marked, scratched, gouged or dirtied, etc.	___ feet L x ___ feet H = _____ Total Sq. Ft. x . __ ¢* (cents per sq. ft.) =	___ . __
TOTAL		* Enter the amount(s) from your LA.	___ . __

Deposit

To help us properly process your deposit accounting, please provide the following information. The deposit accounting/return is provided within 21 days after the "Ending Date" in your LA; other conditions apply for a breach of the LA.

Name of Person Who Submitted a Deposit Amount	Amount of the Deposit Submitted	Name of Tenant Who Occupied the Apartment	If the person(s) and/or tenant(s) who submitted the deposit agree(s) to have the deposit amount returned provided in separate checks, then digitally sign or handwrite your signature in the space below. Otherwise, any check will be made payable to all.		Check Should Be Made Payable To (TENANT)
			Tenant	Person Who Submitted Deposit	
	\$				
	\$				

Nothing in the above listing shall be construed as limiting any one tenant's liability for damages, lack of cleaning, or fees, charges or other amounts left unpaid. Each tenant is fully responsible until all amounts are paid in full and/or satisfied. Failure to accurately provide or submit the above information may result in the landlord accounting according to its own records. Landlord is only responsible to actual tenant for any accounting and/or deposit.

Date this form completed _____ Time of Day _____ am/pm

Forwarding Address(es) for Apt. # _____

	TENANT	TENANT	TENANT
Name			
Street			
City	State Zip Code	State Zip Code	State Zip Code
Signature:			