

Security Deposit Acknowledgment Form

TENANT NAME: _____ GRANT: _____

APARTMENT ADDRESS: _____

LANDLORD NAME & ADDRESS: _____

I acknowledge my request for a Security Deposit to be paid on my behalf to my landlord in the amount of

\$_____ (tenant initials)

I understand a new security deposit will not be granted in a new unit unless 100% payment for previous security deposit has been received. I will be responsible for any debt to lost Security Deposit and Damage Claims due to tenant damages in the unit or back rent owed. _____ (tenant initials)

The landlord agrees upon termination of lease or habitation at the above address to notify _____ (LAA), and must request a move-out inspection prior to cleaning or making repairs to the unit.

The landlord agrees to return the security deposit IN FULL unless monies from said deposit are required to repair damages to the above premises cause by the tenant. Within 30 days, the landlord agrees to notify the LAA of the disposition of the security moneys and to provide an itemized explanation for any portion of the security deposit not returned to the LAA. _____ (landlord initials)

Tenant/Guardian Date

Landlord Date

LAA Representative Date

LAA use only:

Please check one of the following after tenant moves from unit:

Security Deposit balance was returned by Landlord: \$ _____

Damage claim was approved for \$ _____

Security Deposit was forgiven due to: _____

Damage Claim/Debt Letter Sent to Tenant on: _____