

Damage Deposit Refund Request

Date:

Tenant name:

Rental Address:

Move in date:

Move out date:

Amount of Damage Deposit Received at move-in:

Move-out Inspection date:

Circle one: PASS Inspection

FAIL Inspection

If fail Inspection, what repairs need to be done before refund of damage deposit?

OFFICE USE ONLY

If Pass Inspection, date of inspection: _____

Refund approved- Housing signature _____

NOTE- ATTACH RECEIPTS for repairs, if applicable.