

SECURITY DEPOSIT RECEIPT

Date: _____

Landlord/Property Manager Information

Name: _____

Address: _____

Phone: _____

Email: _____

Tenant Information

Name: _____

Address: _____

Phone: _____

Email: _____

Rental Property Details

Property Address: _____

Unit Number: _____

City, State, ZIP: _____

Security Deposit Details

Amount Received: \$ _____

Payment Method: Cash Check Money Order Other: _____

Check/Money Order Number (if applicable): _____

Date of Payment: _____

Terms of Deposit

The security deposit is held in accordance with the lease agreement dated _____ and will be used for unpaid rent, damages beyond normal wear and tear, or any lease violations as permitted by law. The deposit will be returned within _____ (State's Legal Time Frame) after lease termination, minus any applicable deductions.

Signatures

Landlord/Property Manager Signature: _____

Landlord/Property Manager Print Name: _____

Tenant Signature (Optional): _____

Print Tenant Name: _____