

SECURITY DEPOSIT RECEIPT

Damage Deposit Document

Receipt No: _____

Date: _____

Landlord / Property Manager:

Address:

Phone:

Email:

Received From (Tenant Name):

Rental Property Address:

Unit / Apt No:

Lease Term:

Deposit Amount:

Payment Method:

Cash

Check

Card

Transfer

Amount in Words:

Bank Name / Transaction Ref:

Terms and Conditions of Deposit:

This security/damage deposit is held by the Landlord as security for the Tenant's performance of all obligations under the lease agreement. This deposit shall be refunded to the Tenant upon termination of the tenancy, less any lawful deductions for property damage beyond normal wear and tear, unpaid rent, or outstanding charges, in accordance with local and state landlord-tenant laws.

**Landlord / Authorized Representative
Signature**

Date Signed

Tenant Signature (Acknowledgment of Receipt)

Date Signed