Reserve at the Falls

29 University Estates Boulevard Athens, Ohio 45701 740.566.4400

Date:	
Security Deposit Agreement	
Received from	(RESIDENT), in the amount of
\$ which is the to	otal security deposit for The Reserve at the Falls, at
University Estates	Boulevard, Apt #, Athens, Ohio 45701
Release of security deposit is subject to the	following provisions:
 Full term of lease (from has expired; 	to)
2. A 90-day written notice of intent t	to vacate has been filled out in the office;
3. No damages to the property were	documented;
baseboards, windows, carpets, hard to windows, and switch plate covers) at	ot limited to: appliances, bathrooms, closets, cabinets, floors, light globes, vent hood, A/C vents, utility closet, re all cleaned thoroughly. Carpets must be professionally of the Resident and will be charged against the deposit.
5. No unpaid rent, late fees, or utility	balances exist;
6. All keys returned to Management.	Unreturned keys will result in \$25.00 (each) charge;
7. All trash, furniture, personal items	s, etc. must be removed;
8. Forwarding address left with man	agement prior to move out;
9. Follow all instructions on the mov	ve out check sheet and Lease Agreement
I understand and agree to all of the above te	erms and conditions.
RESIDENTRESIDENT	DATE
MANAGEMENT	DATE