



Damage Deposit Calculation Sheet

Tenant _____

Parent(s) Name(s) _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email Address _____ Cell Phone _____

Room # _____ Room Lease Signed? Yes No

Damage Deposit Amount for Current Lease \$ _____

Room Inspection

Initial Inspection Date: _____

Follow-up or Final Inspection Date: _____

Charge for Damage of Needed Work Date: _____

Deposit Calculation

Past Deposit Balance Carried Forward \$ _____

Remaining Due for Current Lease \$ _____

Additional Charges \$ _____

Total Balance Due \$ _____

Deposit Paid in Full? Yes No Date Paid _____

Total Charged for Damages \$ _____

Deposit as of Follow-up or Final Inspection \$ _____

Amount to Return to or Collect from Tenant \$ _____

Paid Amount in Full? Yes No -or- Amount Has Been Returned? Yes No

Date Alumni Corporation

Date Tenant Signature