

# VICTORIAN VILLAGE APARTMENTS

Jim and Jolinda Edwards, d/b/a Victorian Village Apartments  
P.O. Box 471, Nelsonville, Ohio 45764 | 740-707-5851

## SECURITY DEPOSIT ITEMIZATION

(Ohio Revised Code § 5321.16)

Date: \_\_\_\_\_

**TO:**

Former Tenant Name(s): \_\_\_\_\_

Former Unit Address: \_\_\_\_\_, Nelsonville, Ohio 45764

Unit Number: \_\_\_\_\_

Move-Out Date: \_\_\_\_\_ Move-Out Inspection Date: \_\_\_\_\_

**SECURITY DEPOSIT ACCOUNTING:**

Original Security Deposit Paid: \$ \_\_\_\_\_

**DEDUCTIONS:**

Unpaid Rent (period: \_\_\_\_\_ ): \$ \_\_\_\_\_

Unpaid Late Fees: \$ \_\_\_\_\_

Unpaid Utilities: \$ \_\_\_\_\_

**Damages Beyond Normal Wear and Tear:**

1. \_\_\_\_\_ \$ \_\_\_\_\_

2. \_\_\_\_\_ \$ \_\_\_\_\_

3. \_\_\_\_\_ \$ \_\_\_\_\_

4. \_\_\_\_\_ \$ \_\_\_\_\_

5. \_\_\_\_\_ \$ \_\_\_\_\_

Cleaning (if not left in clean condition): \$ \_\_\_\_\_

**TOTAL DEDUCTIONS:** \$ \_\_\_\_\_

**AMOUNT REFUNDED TO TENANT:** \$ \_\_\_\_\_

Pursuant to Ohio Revised Code § 5321.16, this itemized statement is provided within 30 days of lease termination. Receipts or invoices for deductions are attached where applicable.

Refund Method:  Check enclosed  Direct deposit  Applied to balance owed

Check Number (if applicable): \_\_\_\_\_

**IF DEDUCTIONS EXCEED DEPOSIT:**

Amount Owed by Tenant: \$ \_\_\_\_\_

Payment is due within 30 days. Failure to pay may result in collections action and reporting to credit bureaus.

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Landlord/Agent Signature

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Date