

Lake Ridge Senior Health & Living

SECURITY DEPOSIT AGREEMENT

RESIDENT: _____ APT # _____

RESPONSIBLE PERSON: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

We hereby acknowledge the receipt of a Refundable Security Deposit
\$_____.

Return of Security Deposit(s). Landlord will hold the security deposit paid by you until such time as your occupancy ceases. Landlord will return the security deposit to you, with interest as required by Minnesota law, ***when you vacate the Apartment Unit.*** Monies reasonably necessary: (1) to remedy Tenant defaults in the payment of rent or of other funds due to Landlord pursuant to this Agreement; or (2) to restore the Apartment Unit to its original condition, ordinary wear and tear excepted, may be withheld from the security deposit. In the event the cost of restoring or repairing your Apartment Unit exceeds the amount of your security deposit(s), Landlord reserves the right to collect the remaining cost of repairs or restoration from you.

SIGNED: _____

DATE: _____

RECEIVED BY: _____

CHECK #: _____

Please make check payable to _____.

FOR OFFICE USE ONLY:

____ Send check and copy of this document to Cindy Mingo Corporate

____ Send copy of check and document to Business office to be entered into Matrix.