

Commonwealth Property Management
2375 130th Avenue NW, Suite 102
Bellevue, WA 98005
(425) 881-9890
(425) 881-8720 Fax

**FINAL ACCOUNTING /
REFUND REQUEST**

**FORM
2W**

COMMUNITY NAME: _____

RESIDENT NAME: _____

RESIDENT ADDRESS: _____ SPACE #: _____

CITY: _____ STATE: Washington ZIP: _____

MOVE IN DATE: _____ MOVE OUT DATE: _____ ABANDONMENT LETTER DATE: _____

FORWARDING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Complete Final Accounting Section below and return ALL copies to your Property Manager for processing

FINAL ACCOUNTING

<u>CHARGES</u>	<u>Amount</u>	<u>CREDITS</u>	<u>Amount</u>
Unpaid Rent	\$ _____	Security Deposit Paid	\$ _____
Unpaid Late/Returned Check Chg.	\$ _____	Key Deposit Paid	\$ _____
Repairs	\$ _____	Last Month's Rent Paid	\$ _____
Key/Lock Replacement	\$ _____	Overpaid Rent	\$ _____
Abandoned Goods Removal	\$ _____	Other _____	\$ _____
Utilities/Other _____	\$ _____	Other _____	\$ _____
TOTAL CHARGES	\$ _____	TOTAL CREDITS	\$ _____
OWED BY RESIDENT⁽¹⁾	\$ _____	PAY TO RESIDENT⁽²⁾	\$ _____

PAYMENT DUE BY: _____

SUBMITTED BY: _____ DATE: _____
(Resident Manager)

APPROVED BY: _____ DATE: _____
(Property Manager)

****If charges are OWED BY RESIDENT to Community, this is your Thirty (30) Day Demand Notice for payment in full. This is an attempt to collect a debt, and any information obtained will be used for that purpose. Please pay the full amount owing within 30 days of the date of this notice in order to avoid collections, small claims or any other legal action. Make payment to COMMUNITY NAMED ABOVE and mail to Commonwealth Property Management Services Company, 12301 NE 10th Place, Suite #102, Bellevue, Washington 98005.**

FOR COMMONWEALTH USE ONLY

Charges Waived/Uncollectible (1): \$ _____ (Form #17) Check # (2): _____

Date Processed: _____ By: _____
(CRES Accounting Specialist)

Completed copies will be distributed by the Accounting Specialist

White – Commonwealth Yellow – Resident File Pink – Resident