

Commonwealth Property Mgmt Services
2375 130th Avenue NE, Suite 102
Bellevue, WA 98005
(425) 881-9098
(425) 881-8720 Fax

REQUEST TO WAIVE CHARGES

**FORM
17W**

COMMUNITY NAME: _____

RESIDENT NAME: _____

RESIDENT ADDRESS: _____ SPACE #: _____

CITY: _____ STATE: WA ZIP: _____

| <u>Description</u> | <u>Period(s) Covered</u> | <u>Amount</u> |
|---|--------------------------|---------------|
| Rent | _____ | \$ _____ |
| Late Charge | _____ | \$ _____ |
| Returned/NSF Check Charge | _____ | \$ _____ |
| Vehicle Charge | _____ | \$ _____ |
| Utilities | _____ | \$ _____ |
| Other | _____ | \$ _____ |
| Other | _____ | \$ _____ |
| Total amount to be waived/written off ¹ | _____ | \$ _____ |

Reason/Explanation: _____

Submitted by: _____ Date: _____

Resident Manager

Approved by: _____ Date: _____

Property Manager

FOR COMMONWEALTH USE ONLY

Date Processed: _____ (Amount removed from Resident Ledger) By: _____
(CRES Accounting Specialist)

Completed copies will be distributed by the Accounting Specialist

White – Commonwealth Yellow – Resident File

¹ Resident Manager must complete **Form #2 –Final Accounting/Refund Request** when the uncollected amount following resident move out has not been included in any bankruptcy & the amount is uncollectible from any lienholder. Mail completed Form #2 and #17 together to your Property Manager.