



DATE 09/25/2019 PROPERTY NAME / NUMBER Cambridge DEMO Oregon 9999
 RESIDENT NAME(S) Conventional R. Oregonian
 UNIT NUMBER 1-CONV STREET ADDRESS 1234 Your Street
 CITY Anywhere STATE OR ZIP 97209

RENT/CHARGES		DEPOSITS	
PRO-RATE METHOD: <input type="checkbox"/> A <input type="checkbox"/> B <input checked="" type="checkbox"/> C (See #1 on page 2 of Rental Agreement)		<input type="checkbox"/> IF CHECKED, DEPOSITS WILL BE HELD BY OWNER	
FIRST RENT PAYMENT	DUE <u>10/01/2019</u> \$ <u>900.00</u>	SECURITY DEPOSIT	\$ <u>1,200.00</u>
FROM <u>10/01/2019</u> THRU <u>10/31/2019</u>		ADDITIONAL DEPOSITS	
SECOND RENT PAYMENT	DUE <u>11/01/2019</u> \$ <u>900.00</u>		\$ <u>0.00</u>
FROM <u>11/01/2019</u> THRU <u>11/30/2019</u>			\$ _____
TOTAL RENT DUE AT MOVE-IN	\$ 900.00	TOTAL ADDITIONAL DEPOSITS	\$ 0.00
<input type="checkbox"/> IF CHECKED, SEE SECOND MONTH'S ACCOUNTING FOR ADDITIONAL CHARGES / ADJUSTMENTS (FORM # M035)		SPECIALS / ADJUSTMENTS	
OTHER MONTHLY CHARGES (PRO-RATED IF PARTIAL MONTH)	\$ _____		\$ _____
	\$ _____		\$ _____
	\$ _____	TOTAL SPECIALS / ADJUSTMENTS	\$ 0.00
	\$ _____	TOTAL DEPOSITS CHARGED	\$ 1,200.00
	\$ _____	PRIOR PAYMENT(S) <u>1/2 deposit paid 9/25/19</u>	\$ <u>600.00</u>
TOTAL OTHER MONTHLY CHARGES	\$ 0.00	DEPOSITS PAID AT MOVE-IN	\$ _____
SPECIALS / ADJUSTMENTS / HOA MOVE-IN ASSESSMENTS		BALANCE OF DEPOSITS DUE	\$ 1,200.00
<u>Move-In Special - 3 days' rent</u>	\$ <u>-116.00</u>	TOTALS	
	\$ _____	TOTAL RENT/CHARGES + DEPOSITS CHARGED	\$ 1,984.00
	\$ _____	TOTAL PAID	\$ 600.00
	\$ _____	REMAINING BALANCE DUE	\$ 1,384.00 *
TOTAL SPECIALS / ADJUSTMENTS / HOA ASSESSMENTS	\$ -116.00	* SEE INSTALLMENT PAYMENT AGREEMENT OR RENTAL AGREEMENT SPECIAL PROVISIONS IF BALANCE DUE	
TOTAL RENT / CHARGES AMOUNT DUE	\$ 784.00	<input checked="" type="checkbox"/> LEASE TERM BEGINNING <u>10/01/2019</u> AND ENDING <u>09/30/2021</u>	
PRIOR PAYMENT(S)	\$ _____	<input type="checkbox"/> MONTH-TO-MONTH BEGINNING _____	
TOTAL CHARGES PAID AT MOVE-IN	\$ <u>0.00</u>	NOTES: _____	
RENT / CHARGES BALANCE DUE	\$ 784.00		

X RESIDENT _____ DATE _____	X RESIDENT _____ DATE _____
X RESIDENT _____ DATE _____	X RESIDENT _____ DATE _____
X RESIDENT _____ DATE _____	X RESIDENT _____ DATE _____
	X OWNER/AGENT _____ DATE _____