



# MERIDIANGROUP

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# SECURITY DEPOSIT RELEASE FORM

ADDRESS: \_\_\_\_\_ UNIT: \_\_\_\_\_ DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

TERMINATING LESSEE: \_\_\_\_\_ NEW LESSEE: \_\_\_\_\_

CURRENT KEY PERSON: \_\_\_\_\_ NEW KEY PERSON: \_\_\_\_\_

VACATE DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ PRESENT LEASE DATED: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ LEASE TERM: 1 YR • M/M • OTHER

REMAINING LESSEES: \_\_\_\_\_

**ACKNOWLEDGEMENT AND APPROVAL OF ACCOUNT LEDGER AND NEW KEY PERSON (all parties must initial below):**

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*The Remaining Lessee(s) agree(s) to accept the apartment in its present condition and assume responsibility for expenses incurred for cleaning or damage per the lease agreement, except those itemized and charged below.*

**Deposits/Pre-Paid Rents:** All transfer of funds shall be done through the lessor. Upon lessor's receipt from new lessee, lessor shall remit to the terminating Lessee as follows:

DESCRIPTION OF CHARGE	TERMINATING LESSEE	NEW LESSEE	Initial Below IF done between roommates
Security Deposit:			
Less Funds for Cleaning or Damages:			
Prepaid, First and/or Last Month's Rent:			
Dates covered:			
Dates covered:			
Prorated / Current Month's Rent:			
# of Days: \$ _____ per day			
# of Days: \$ _____ per day			
<b>Total Due</b>			

**NOTE: It is the terminating Lessee's responsibility to see that all funds and signed documents are delivered to Lessor. Terminating Lessee hereby agrees to the above statement.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of **TERMINATING** Lessee Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature of **NEW** Lessee Date

\_\_\_\_\_  
**TERMINATING LESSEE's** Forwarding Street Address

\_\_\_\_\_  
 City & State

( ) - \_\_\_\_\_  
 Phone Number

We, the **REMAINING LESSEES**, hereby agree to the above:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
 Signature Date

<b>FOR OFFICE USE ONLY:</b>			
Received From:	Received By:	Date: ____ / ____ / ____	
Payment Type (please check one):	Online / TWA	Check #	Money Order #
Processed by:	Date: ____ / ____ / ____	Other:	