

Apartments Near Campus
318 E. Burlington Street
Iowa City, IA 52240

Unit # _____
Address & Apt # _____

DEPOSIT TRANSFER FORM

As of the _____ day of _____, _____,
the Security Deposit in the amount of \$ _____ for apartment
_____ at _____ is being transferred
from the original deposit holder _____ to a new
deposit holder:

Name (New Deposit Holder): _____
Permanent Address: _____
City, State, Zip: _____

This deposit transfer is recognized by ALL the original tenants and by the new tenants (whose signatures appear below). Damages existing in the apartment/house transfer with the deposit. If damages exist, it is the tenant's responsibility to request the repairs and/or assessment of those damages. If the new tenants are billed for those damages, it is up to the new deposit holder/tenants to collect any money owed for such damage from the original tenants.

ORIGINAL TENANTS

NEW TENANTS

ORIGINAL DEPOSIT HOLDER

NEW DEOSIT HOLDER

Signature _____ Date _____

Signature _____ Date _____

Landlord _____ Date _____