

Apartments Near Campus
318 1/2 E. Burlington Street
Iowa City, IA 52240

Unit # _____
INTERNET COPY
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

INTERNET COPY

Landlord

Date