

SECURITY DEPOSIT RETURN DESIGNATION FORM

ADDRESS OF APARTMENT _____ **APT. #** _____

Term of Lease from: _____ **to:** _____

We herewith designate _____ to be the person to whom our security deposit should be returned at the end of our lease term.

The address to which the security deposit should be returned is:

Name

Street

City, State, Zip

The return of our security deposit to the designated person at the designated address releases the landlord from any liability with the respect to the return of the security deposit to each individual tenant. This designation can be changed at anytime up until the expiration of the lease with written agreement by *all* of the current tenants of the apartment. In the event that all tenants cannot agree to designate one person to receive the security deposit return, a single check will be issued with all tenants named as payees and will require each tenants signatures before it can be cashed.

Dated the _____ day of _____, 20_____.

_____(seal)
(Lessee Signature)

_____(seal)
(Lessee Signature)

_____(seal)
(Lessee Signature)

_____(seal)
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(Lessee Signature)

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