



EVICTION MOVE-OUT BALANCE UPDATE

CLIENT NAME _____

DEBTOR INFORMATION

NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT(POE): _____

POE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE: (____) _____ - _____

WORK PHONE:(____) _____ - _____

CO-DEBTOR INFORMATION

NAME: _____

ADDRESS: _____

PLACE OF EMPLOYMENT(POE): _____

POE ADDRESS: _____

SOCIAL SECURITY NUMBER: _____ - _____ - _____

HOME PHONE: (____) _____ - _____

WORK PHONE:(____) _____ - _____

What date was the lease signed? _____ / _____ / 200__

What day did the tenant vacate the premises? _____ / _____ / 200__

Security Deposit Amount \$ _____

	<u>MONTH</u>	<u>AMOUNT</u>
<u>RENT DUE</u>	_____	_____
	_____	_____
	_____	_____
	_____	_____
<u>LATE FEES</u>	_____	_____
	_____	_____
	_____	_____
<u>OTHER CHARGES</u>	_____	_____
	_____	_____
	_____	_____
<u>LESS SECURITY DEPOSIT</u>		_____

	<u>TOTAL AMOUNT OWED</u>	_____