Security Deposit Itemization / Refund Form

In accordance with Kansas Residential Landlord and Tenant Act, KSA 58-2550

Posted / Tacked at _____ Time / Date _____ Initials _____

Or

Personal Delivery to _____ Time / Date _____ Initials _____

Or

Mailed by ☐ **Regular Mail** ☐ **Certified Mail** Time / Date _____ Initials _____

Or

Other _____ Time / Date _____ Initials _____

Witness/es _____

To: (Tenant/s) _____

Street Address: _____

City/State/Zip: _____

From: (Landlord) _____

Street Address: _____

City/State/Zip: _____

Amount of Security Deposit: $_____ Amount of Rent: $_____

Last Date Rent Paid: _____ Last Date Rent Charged: _____

Date Possession Returned: _____

Damage above normal wear and tear:	**Amount**
Rent Charged for _____ days at $_____ per day.	
Total Charges:	
Security Deposit Paid:	

Total: ☐ **Refund, check #** _____ ☐ **Amount Owed** $

_____ _____

Landlord Signature Date

1195 SW Buchanan, Topeka, KS 66604 (785) 234-0217 (800) 383-0217 www.hcci-ks.org

HCCI counselors are not attorneys and do not provide legal advice.
HCCI forms provide a format which may be followed when drafting notices. Forms are created in accordance with Kansas law.