VAC	ATED UNIT REPORT		
UNIT			
RESIDENT'S NAME			
DATE UNIT VACATED	LEASE EXPIRATION DAT	E	
	•	CHARGE	NON-
SUMMARY OF DAMAGES	COST:	ARLE	CHARGE
	\$		
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	\$		11000
UNPAID RECURRING CHARGES:		CHARGE ABLE	NON- CHARGE
	\$		
	\$		
☐ DISSATISFIED WITH DEVELOPMENT (WHY ☐ RENT TOO HIGH ☐ 0 WAS SUFFICIENT NOTICE GIVEN? ☐ YES RESIDENT'S FORWARDING ADDRESS:	THER		
PREPARED BY:	DATE:		
AMOUNT OF SECURITY DEPOSIT			
AMOUNT TO BE WITHHELD FOR REPAIR OF D	AMAGES		
AMOUNT TO BE APPLIED TO RENT	**********		
OTHER CHARGES			
AMOUNT DUE TO RESIDENT (OR OWED BY RE	SIDENT)		
		•	
	······································		
AUTHORIZED BY:	DATE:		

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