

MCC Security Deposit Accounting

This form is due in the MCC Office (1202 Williamson St., Ste. 106 / Madison, WI 53703)
within 14 days of member's date of surrender. **Form must be completed in ink.**

Vacating Member Information

Full Name: _____
Forwarding Address: _____
Date of Surrender of Premises: _____
Date of Contract Expiration: _____
Relevant Notes (If Necessary): _____

Cooperative House Information

Cooperative House Name: _____
Name of Person Completing This Form: _____
House Position of Person Completing This Form: _____
Relevant Notes (If Necessary): _____

Accounting Information

A) Value of Security Deposit

Amount: \$200.00

B) Credits

1. Amount: \$ _____. Description: _____
2. Amount: \$ _____. Description: _____

C) Unpaid Charges

(Check with House Treasurer about Unpaid Rent, Food, Utilities, Parking, and Other Charges)

1. Amount: \$ _____. Description: _____
2. Amount: \$ _____. Description: _____
3. Amount: \$ _____. Description: _____
4. Amount: \$ _____. Description: _____

D) Financial Penalties

(Specifically: Uncompleted MCC Maintenance Hours, Workjobs, and Other Penalties)

1. Amount: \$ _____. Description: _____
2. Amount: \$ _____. Description: _____

E) Damage Beyond Normal Wear and Tear

(Note Supplies Costs, Labor Rate, and Hours of Labor; Attach Copies of Relevant Receipts)

1. Amount: \$ _____. Description: _____
2. Amount: \$ _____. Description: _____

F) Summation

- Total Amount Due to Vacating Member (Formula: A+B-C-D-E): \$ _____. _____
- Total Amount Due to Cooperative House (Formula: C+D+E-B): \$ _____. _____

STAFF CODES

_____ DT-REC
_____ DT-COM
_____ DT-MLD

_____ RCT-NU
_____ VM-CH
_____ HS-CH
_____ RRS