CITY OF PORTLAND, OREGON
SECURITY DEPOSIT ADDENDUM

DATE_____ PROPERTY NAME / NUMBER _____

RESIDENT NAME(S) _____ _____ _____

_____ _____ _____

UNIT NUMBER _____ STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

SECURITY DEPOSIT REQUIRED $_____

If Owner/Agent **does not** require Last Month's Rent at the time of move-in, then the
Security Deposit may not exceed an amount equal to **one month's rent**.

If Owner/Agent **does** require Last Month's Rent at the time of move-in, then the
Security Deposit may not exceed an amount equal to **one half of one month's rent**.

OTHER SECURITY DEPOSITS

Security Deposit for Pet* $_____

Security Deposit for Garage/Storage* $_____

Other Security Deposit* _____ $_____

*PLEASE NOTE: All Deposit types within this box are considered Security Deposits under ORS 90.100. Under PCC 30.01.087
the sum of these Deposits *plus* the Security Deposit listed above may not exceed an amount equal to one month's rent, unless
Owner/Agent requires Last Month's Rent at the time of move-in. In which case, the sum of all Security Deposits listed above may
not exceed an amount equal to one half of one month's rent.

ADDITIONAL SECURITY DEPOSIT REQUIRED DUE TO RISK FACTORS $_____

If Owner/Agent requires an additional deposit due to risk factors, that amount may not
exceed **one half of one month's rent**. Owner/Agent must allow Resident to pay this
additional Security Deposit in installments over a period of up to three months in
installment amounts reasonably requested by Resident.

Resident agrees to pay the balance due as follows:

$_____ Due Date _____

$_____ Due Date _____

$_____ Due Date _____

All payments must be paid by 11:59 pm on each due date. Owner/Agent may require that all payments be made by money order or cashier's check. Failure to fulfill this agreement will result in a notice to terminate tenancy.

TOTAL DEPOSITS TO BE PAID BY RESIDENT $_____

SECURITY DEPOSITS HELD AT

Financial Institution Name _____

Financial Institution Address _____

The security deposit ☐ is ☐ is not being held in an interest-bearing account.

X_____ _____   X_____ _____
  RESIDENT   DATE   RESIDENT   DATE

X_____ _____   X_____ _____
  RESIDENT   DATE   RESIDENT   DATE

X_____ _____   X_____ _____
  RESIDENT   DATE   RESIDENT   DATE

                                             X_____ _____
                                               OWNER/AGENT   DATE

☐ ON SITE   ☐ RESIDENT   ☐ MAIN OFFICE (IF REQUIRED)