

KAG PROPERTY MANAGEMENT, LLC
COLLECTION TRANSMITTAL

PROPERTY NAME: _____

DEBTOR(S) NAME(S): _____

UNIT #: _____ LEASE TERM: _____ TO _____

SKIP: YES _____ NO _____ DISPO: YES _____ NO _____ NOTICE: YES _____ NO _____
IF YES, IF YES, IF YES,
DATE VACATED: _____ DATE FILED _____ DATE GIVEN _____

RENT DUE (LIST FULL MONTHS) _____ \$ _____

RENT DUE (LIST PRORATED MONTHS) _____ \$ _____

LATE FEES: _____ \$ _____

TERMINATION FEE: (DO NOT CHARGE IF DISPO FILED) _____ \$ _____

NOTICE FEE: (DO NOT CHARGE IF DISPO FILED) _____ \$ _____

DISPO & EVICTION FEES: (ATTACH JUDGMENT, IF ANY) _____ \$ _____

CLEANING FEES: _____ \$ _____

RE-KEYING FEES: _____ \$ _____

NSF FEES: (ATTACH ORIGINAL CHECKS) _____ \$ _____

UTILITIES: _____ \$ _____

PET DAMAGE: (ATTACH MI/MO INSPECTION REPORT) _____ \$ _____

OTHER DAMAGES: (ATTACH MI/MO INSPECTION REPORT) _____ \$ _____

SUB TOTAL ===== \$ _____

AMOUNT OF DEPOSIT: _____ \$ _____

TOTAL AMOUNT DUE: (SUB TOTAL 6 DEPOSIT AMOUNT) _____ \$ _____

ATTACH A COPY OF: LEASE _____ APPLICATION _____ MI/MO _____

FORWARDING ADDRESS (IF KNOWN) _____

OR ADDRESS OF PROPERTY _____

LAST KNOWN PHONE #: _____

() _____ HOME
() _____ WORK

APPROVED FOR COLLECTION: _____
(SIGNATURE, TITLE, DATE)