# SECURITY DEPOSITS ANNUAL CERTIFICATION

## Security Deposit

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| --- |
| **Please type or print clearly** |
| Attorney General (AG) Number: |  |
| Bond Number: |  |
| Bond Effective Date: |  |
| Bond Amount/Liability: |  |
| Name of Surety/Insurance Company: |  |

## Landlord/Bond Principal

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| --- |
| **Please type or print clearly** |
| Name of Landlord/Bond Principal: |  |
| Business Mailing Address: |  |
| City, State, and Zip Code: |  |
| Telephone Number: |  |

## Rental Properties

|  |  |  |
| --- | --- | --- |
| **Name of Property** | **Property Address** | **Security Deposit Amount** |
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|  |  |  |
|  |  |  |

Use additional sheets if necessary

## Certification & Notary

I certify that the total of security deposits, as defined in MCL 554.601(e), collected and held for the above-referenced bond do not exceed the total amount of security deposits listed above.

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| --- |
| **Certification (To be completed by Management Co., Rental Agent or Persons Accepting Security Deposits)** |
| **Please type or print clearly** |
| Printed Name:  |  |
| Title: |  |
| Mailing Address: |  |
| City, State and Zip Code: |  |
| Telephone Number: |  |
| **Signature:** |  |

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| --- |
| **Notary** |
| Subscribed and sworn before me this |
|  | day of,  | 20 |
| Notary Public, |
| State of Michigan, County of  |
| My Commission Expires: |

**Return completed original Certification to: Department of Attorney General, Security Deposit Bond Section, P.O. Box 30213, Lansing, MI 48909. Questions: 517-335-7567.**