

# SECURITY DEPOSIT AGREEMENT

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED FOR PAYMENT.

This is to verify that \_\_\_\_\_ has applied to rent an apartment located at \_\_\_\_\_. The rent is \$\_\_\_\_\_ per \_\_\_\_\_ (month or week). The security deposit is \$\_\_\_\_\_.

**If this individual is eligible for assistance, I agree to accept a check from The Health Planning Council of Southwest Florida, Inc to cover the security deposit. I understand that payment will be received within 30 days of the date on the request. I understand that any balance due on the security deposit after the authorized amount has been paid by The Health Planning Council of Southwest Florida, Inc remains the responsibility of the tenant. Further, I agree to return any unused portion of the deposit to The Health Planning Council of Southwest Florida, Inc.**

**Please print clearly:**

Make check payable to: \_\_\_\_\_

Address for check to be sent: \_\_\_\_\_

Name of Landlord: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Tax ID # or Social Security#: \_\_\_\_\_

FOR OFFICE USE ONLY

AUTHORIZED AMOUNT: Security Deposit\$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_