



HOUSING AUTHORITY OF THE CITY OF LOS ANGELES

AN EQUAL EMPLOYMENT OPPORTUNITY - AFFIRMATIVE ACTION EMPLOYER

2600 Wilshire Boulevard • Los Angeles, California 90057 • (213) 252-2500
TTY (213) 252-5313

SECURITY DEPOSIT FORM

TENANT NAME: _____ DATE: _____

PROPERTY ADDRESS: _____ EID: _____

OWNER NAME: _____

PROPERTY ADDRESS: _____ VENDOR ID: _____

One Time Security Deposit Amount \$ _____

HACLA shall pay to the LANDLORD the sum of \$ _____ as security deposit. Said deposit and any interest in the deposit due under California State law or local law shall be returned to the TENANT by the LANDLORD upon full performance of the terms of the lease.

CERTIFICATION

I Hereby certify that the forgoing information is true and accurate to the best of my knowledge and belief. Inquiries may be made to verify the statements herein.

Owner/Authorized Agent's Signature

Date

HACLA Employee Signature

Date