



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

UTILITY DEPOSIT REQUEST FORM

Submit this form and a copy of the utility bill (including every single page with breakdown of itemized charges) to **HIP@hacla.org**.

TENANT NAME: _____ DATE: _____

PROPERTY ADDRESS: _____ CLIENT ID#: _____

UTILITY COMPANY: _____

UTILITY ACCOUNT #: _____ DEPOSIT AMOUNT \$ _____

UTILITY COMPANY: _____

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UTILITY COMPANY: _____

UTILITY ACCOUNT #: _____ DEPOSIT AMOUNT \$ _____

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. Payment for the specified utility(s) deposit will be made payable to the utility company(s) listed above.

Tenant Signature

Date

HACLA Employee Signature

Date