**Security Deposit/First Month’s Rent**

**Tenancy Approval Request**

Unit Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit #: \_\_\_\_\_

Unit Type: Apartment Duplex Condo/Townhouse Single Family Mobile Home Mobile Space

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_ Zip: \_\_\_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Proposed Rent: \_\_\_\_\_\_\_\_\_\_ Security Deposit: \_\_\_\_\_\_\_\_\_ Date Ready for Move In:\_\_\_\_\_\_\_\_\_\_\_  
Tenant's Name or Family Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_UCI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City:\_\_\_\_\_\_\_\_\_\_State:\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_

Telephone Numbers (home and messages):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Tenant or Family Representative:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Address of Rental Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
This deposit shall be held by the Landlord in accordance to the lease terms and all applicable laws.

The Landlord certifies a lease to this Tenant for the above rental unit will be executed upon payment of deposit.

Part or whole of this deposit will be returned to the Tenant within \_\_21\_\_\_ days (as per CA law) of the Tenant vacating the rental unit, after making potential allowed deductions for unpaid rent, property damages and cleaning expenses beyond [normal wear and tear](http://www.propertydo.com/normal-wear-and-tear.html).

Owner/Landlord Information

Landlord's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Landlord Contact Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_