

**HEART OF FLORIDA UNITED WAY (HFUW)  
HOUSING ASSISTANCE PROGRAM  
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 qualified for assistance, I agree to accept a check from Heart of Florida United Way to cover the cost of the security deposit. I understand that payment will be received within 30 days of the date on the voucher. Further, I understand that any balance due on the security deposit after the authorized amount has been paid by Heart of Florida United Way remains the responsibility of the tenant. Any remaining deposit will be returned to Heart of Florida United Way (1940 Cannery Way Orlando, Florida 32804) upon completion of the tenant's occupancy. Under no circumstances will a deposit paid by Heart of Florida United Way be returned to the tenant.

**Please print clearly:**

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

Address: \_\_\_\_\_

Name of landlord: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

\_\_\_\_\_  
Landlord Signature

\_\_\_\_\_  
Date

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

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**FOR OFFICE USE ONLY**

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

\_\_\_\_\_  
Housing Coordinator Signature

\_\_\_\_\_  
Date

*For further information, please contact:* \_\_\_\_\_