

**FLORIDA STATE HOPWA PROGRAM
CLIENT AGREEMENT FOR RETURN OF SECURITY DEPOSIT**

I, _____ am applying for financial assistance through the State HOPWA Program to cover my deposit for:

Type	Amount	Paid to Agency or Individual
Rent		
Electric		
Water		
Gas		

at the following address:

If my application for assistance is approved:

- I understand that if my deposit amount is not returned to the State HOPWA Program when I leave this residence, I will not qualify for further deposit assistance through this program.
- If my landlord or utility company refunds the deposit to me, I agree to return the entire amount of the deposit refunded to the State HOPWA Program.
- I understand that when I leave this residence any balance due on my account for any of the above named services is my responsibility.

By my signature below, I agree to all the terms of this agreement.

Client Signature

Date