

HOPWA UTILITY/RENTAL DEPOSIT AGREEMENT

NOTE: THIS FORM MUST BE FILLED OUT COMPLETELY IN ORDER TO BE PROCESSED FOR PAYMENT

This is to verify that The Health Planning Council of SW Florida, Inc. is paying a utility deposit for

WATER _____ Account # _____ AMOUNT OF DEPOSIT _____

ELECTRIC _____ Account # _____ AMOUNT OF DEPOSIT _____

RENT _____ AMOUNT OF DEPOSIT _____

We are authorizing a payment in the amount of \$ _____

_____ agrees to accept a check from the Health Planning Council of SW Florida, to cover the utility or rent deposit. It is understood that payment will be received within 30 days from the date on this form. Any outstanding balance due on the utility or rent after The Health Planning Council of SW Florida, Inc. has paid the authorized amount, remains the responsibility of the tenant. Further,

_____ agrees to return any refundable deposit to The Health Planning Council of SW Florida, Inc. and NOT apply credit to the customer's account.

PLEASE PRINT CLEARLY:

Check payable to: _____

Address where the check will be mailed: _____

Company Name _____

Phone Number (with area code) _____ Fax number _____

Signature _____ Date _____

Title _____

Client Signature _____

MIP Number _____