



Request for Security Deposit Payment

Owner/Authorized Agent Name: _____

Tenant Name: _____

Unit Address: _____

Bedroom Size: _____

Move-In Date: _____

Date HAP Contract Signed & Returned to OHA: _____

- I am requesting security deposit assistance payment from the Oakland Housing Authority.
- I understand the security deposit assistance payment is applied to the tenant listed on this form, for the unit listed on this form.
- I understand the security deposit assistance is applied to new move-ins only. The amount received from OHA will be applied to the security deposit amount due, and will not be used to cover any rent portion.
- I understand that the family is responsible for any security deposit balance owed.
- I understand that when the family vacates, the remaining security deposit balance will be returned to the family in accordance with California governance.

Signature of Owner/Authorized Agent

Date

* Once completed submit this form to ownerservices2@oakha.org