

**SECURITY DEPOSIT INVOICE
Landlord Incentive Program**



CONTACT INFORMATION	
Owner Name:	
Representative Full Name:	
Phone:	Email:

LEASE AGREEMENT INFORMATION		
Tenant Name(s):		
Street Address:	Apt No:	
City:	CA	ZIP Code:
Lease start date:		

INVOICE	
Monthly rent	
Standard security deposit	
Double security deposit (standard security deposit x 2)	
Portion of security deposit already paid	
Total Balance Due: (Double security deposit- portion of security deposit already paid)	
If any portion of the security deposit was already paid, who paid it?	<input type="checkbox"/> Tenant <input type="checkbox"/> Elk Grove HART <input type="checkbox"/> Sacramento Self Help Housing <input type="checkbox"/> Other _____