



**Security Deposit / First Month’s Rent / Back Rent Request Form**  
**(to be completed by Landlord)**

Request is for ...  Security Deposit/First Month’s Rent  Back Rent

**Tenant Info**

Tenant Name \_\_\_\_\_

Address, unit # \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Amount of Security Deposit \_\_\_\_\_

Monthly Rent Amount \_\_\_\_\_

Tenant Portion of Rent (if subsidized) \_\_\_\_\_

Amount of Back Rent Owed \_\_\_\_\_

**Owner Info**

Owner’s Name (1099 recipient): \_\_\_\_\_

\* Owner’s name must be the name of person, company, etc. who the check is made out to and who is responsible for the IRS reporting

Owner’s Tax I.D. or Social Security # for IRS reporting: \_\_\_\_\_

\*must match the 1099 recipient

Owner’s Address: \_\_\_\_\_

Owner’s Phone Number: \_\_\_\_\_

Owner’s email address: \_\_\_\_\_

**By receiving these funds, I am agreeing to not move forward with an eviction for this household.**

Owner’s Signature and date: \_\_\_\_\_

- Send this to [edenlandlordinfo@edencle.org](mailto:edenlandlordinfo@edencle.org) along with W-9 form and lease agreement.

HOUSING RESOURCE & DEVELOPMENT AGENCY

7812 Madison Avenue, Cleveland, OH 44102 | (216)961-9690 | FAX (216)651-4066

Shelter Plus Care FAX (216) 651-6692 | [www.EDENinc.org](http://www.EDENinc.org) | [EDENinfo@EDENcle.org](mailto:EDENinfo@EDENcle.org)

TDD/TTY: 1-800-545-1833, ext. 873

A Contract Agency of the Alcohol, Drug and Mental Health Services Board of Cuyahoga County

