



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@edencl.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 | EDENinfo@EDENcl.org

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

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

