



P.O. Box 644  
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## Return Deposit

Date \_\_\_\_\_

Client Name \_\_\_\_\_ Client # \_\_\_\_\_

Client Address \_\_\_\_\_

Client Phone \_\_\_\_\_

HtN Hope Lives Here is considering helping this client. Please complete the following information and return to our office as quickly as possible.

The client listed above has rent due for the current month at the rate of \$ \_\_\_\_\_  
Please do not include late fees or any other fees.

The client listed above has a deposit due for the current month of \$ \_\_\_\_\_

Upon vacating the premises, ANY remaining funds in the security deposit will be returned  
Help the Needy Hope Lives Here.

Client Signature \_\_\_\_\_

Please Print Landlord Name: \_\_\_\_\_

Landlord Address: \_\_\_\_\_

Rent Account Number: \_\_\_\_\_

Landlord Phone: \_\_\_\_\_

Landlord Signature: \_\_\_\_\_