



**SOUTHEAST IOWA LINK (SEIL)
MENTAL HEALTH AND DISABILITY
SERVICES REGION**

DES MOINES, HENRY, JEFFERSON,
KEOKUK, LEE, LOUISA, VAN BUREN
& WASHINGTON COUNTIES

Deposit Authorization for Supported Housing

I hereby authorize you to furnish to Southeast Iowa Link information concerning my application for supported housing rental assistance. I release you from liability for disclosing this information even if it is confidential for the period of one (1) year from the date of this Release.

Signature of Applicant

Date

NOTE TO LANDLORD: The remainder of this form needs to be filled out completely by the landlord – **not the tenant**

This is to confirm that _____
(tenant name)

began residing at _____,
(address) (city, state)

on ___/___/_____. There are _____ adults and _____ children residing at this address.
(date)

A security deposit in the amount of \$_____ is required.

A landlord may not ask for more than two months' rent as a security deposit. Within 30 days from the date of termination of the tenancy the landlord will return the deposit to Southeast Iowa Link (106 N. Jackson Street, Suite 102, Mt Pleasant, IA 52641) or explain in writing exactly why the landlord is keeping some or all the deposit. A landlord cannot keep the tenants deposit to remedy normal wear and tear. If the landlord does not contact Southeast Iowa Link in writing within the 30 days, then the landlord loses the right to keep any of the deposit.

Other comments: _____

Name of Landlord: _____ Signature: _____ Date: ___/___/___

MAIL PAYMENT TO: _____ Telephone Number: _____

A W-9 form will be mailed to the landlord for completion.

Approval for payment of deposit in the amount of \$_____ by _____
Southeast Iowa Link Coordinator of Disability Services