

HCSA Housing Assistance Fund Invoice

Name of Property Owner/Manager: _____

Address of Owner/Manager: _____

Owner/Manager Phone Number: _____

Invoice Date: _____

Tenant Name: _____

Tenant's New (Most Current) Address: _____

Description of Invoice Charges:

Rent: \$ _____ For the month(s) of: _____ (Include Start /End Dates)

Include additional rental fee statement details if necessary to document amount owed.

Move in Security Deposit (if applicable): \$ _____

Total Due from Alameda County: \$ _____

Send Invoice to: BHCS – Housing Services Office – Attn: Martin Pacheco
1404 Franklin Street, Ste. 200
Oakland, CA 94612

Please make check payable to: _____

X _____
Landlord or Landlord's Representative: [\(Please sign in blue ink.\)](#)

Signor Above: **Please Print Full Name**

PLEASE NOTE: This original signed invoice must be sent by mail to receive payment. Our Finance Department will not generate payment from photocopies or faxed invoices.