



## SECURITY DEPOSIT DISPOSITION, DAMAGE CLAIM, & VACANCY LOSS WORKSHEET

THIS WORKSHEET MUST BE COMPLETED AND RETURNED TO HOM, INC. VIA EMAIL TO  
DAMAGECLAIMS@HOMINC.COM WITHIN SIXTY (60) DAYS FROM THE DATE OF THE HOM, INC. MOVE-OUT INSPECTION

PART I	NOTE TO OWNER
<p>Damage Claim and Vacancy Loss reimbursement is subject to available program funding. Amounts not to exceed one (1) month's contract rent for each. Please allow sixty (60) days for HOM, Inc. to process this claim. If the maximum amount to be paid under this claim is not sufficient to cover all expenses incurred, you may pursue further reimbursement directly from the tenant. <b>Please make sure that all documentation is enclosed to expedite the processing of the claim.</b> Thank you for your assistance and cooperation.</p>	

PART II	OWNER AND TENANT INFORMATION				
Landlord / Owner / Operator Name			Tenant's Name		
Mailing Address			Unit Address		Unit Number
City	State	Zip	City	State	Zip
Email Address		Phone Number		Reason for Move-Out	

	Owner	HOM ONLY		Owner	HOM ONLY
Monthly Rent			Ref. Security Deposit Amount		
Move-Out Date			Date of Unit Repossession		
Date Inspected			Date Submitted		

FOR HOM PROCESSING ONLY			
Tenant/Program Paid		Deposit Disposition Result	
Damage Claim Amount		Vacancy Loss Amount	
Funding Source		Processed by (Staff Name)	

PART III SECURITY DEPOSIT DISPOSITION	Owner	HOM ONLY
1. <b>UNPAID RENT:</b> Enter amount of rent charged to but unpaid by tenant. <i>*Include a copy of tenant ledger card or statement showing amounts and period for which rent is unpaid.</i>		
2. <b>DAMAGES:</b> Enter the amount charged to the tenant for tenant-caused damages. <i>*Include receipts or estimates of damages claimed.</i>		
3. <b>CLEANING COSTS:</b> Enter the amount charged to the tenant for cleaning costs. <i>*Include copy of receipts or estimates of cleaning costs claimed.</i>		
4. <b>LEGAL AND/OR COURT COSTS:</b> Enter the amount charged to the tenant for attorney's fees and/or court costs from the legal eviction proceedings.		
5. <b>LEASE CANCELLATION FEE / PENALTY:</b> Enter the amount charged to the tenant for lease cancellation fee. <i>*Include copy of lease with appropriate provision.</i>		
6. <b>OTHER CHARGES:</b> (Specify)		
7. <b>TOTAL OF ALL CHARGES:</b> (Add lines 1 through 6 above)		
8. <b>SECURITY DEPOSIT:</b> Enter the amount of the refundable security deposit held by owner		
9. <b>REFUND OR BALANCE DUE:</b> If line 8 is greater than line 7, security deposit refund is due. If line 7 is greater than line 8, balance of charges is due.		



PART IV DAMAGE CLAIM – Amount not to exceed one (1) month’s contract rent		
IN ORDER TO RECEIVE REIMBURSEMENT FOR DAMAGES AND/OR VACANCY LOSS DOCUMENTATION MUST BE SUBMITTED WITH THIS WORKSHEET FOR EACH EXPENSE LINE IN THE PART III – SECURITY DEPOSIT DISPOSITION.		
1.	<b>BALANCE DUE:</b> If line 9 above shows a balance is due, enter the amount. Otherwise leave this blank.	
2.	<b>MONTHLY RENT AMOUNT:</b> From Part I	
3.	<b>MAXIMUM DAMAGE CLAIM:</b> Lesser of line 1 and line 2. Amount not to exceed one (1) month’s contract rent	

PART V VACANCY LOSS CLAIM - Amount not to exceed one (1) month’s contract rent		
Vacancy loss may be claimed <b>ONLY</b> if an attempt has been made to re-lease the unit (please provide documentation such as leasing report, electronic/printed advertisement, etc.), <b>AND</b> under the following conditions: (check appropriate box)		
<input type="checkbox"/> Tenant moved without cause during the term of the lease without a 30-day notice <input type="checkbox"/> Tenant moved at the end of the lease term without providing a 30-day notice <input type="checkbox"/> Owner evicted through court action and has complied with provision (7)(b) of the HAP Contract, OR agreed to a mutual recission in lieu of eviction the tenant		
1.	Date <b>tenant moved out OR</b> date unit <b>discovered vacant</b> (whichever date was earlier):	
2.	Date <b>last payment received</b> from HOM, Inc. on behalf of the tenant:	
3.	Effective Date of the <b>lease for a new tenant</b> after the unit has been re-rented:	
4.	<b>Number of days the unit was vacant</b> during the month following the last month payment was received on behalf of the tenant: <i>Do not count days in any month in which you received payment from HOM, Inc. (Typically the month in which the unit was vacated).</i>	
5.	<b>VACANCY LOSS CALCULATION:</b> <i>Contract rent divided by 30 days multiplied by the number of days vacant (line 4)</i>	
6.	<b>Rent</b> received from tenant, if any for the period:	
7.	<b>Amount claimed for vacancy loss</b> (line 5 less line 6): Amount not to exceed one (1) month’s contract rent	

PART VI OWNER CERTIFICATION	Yes	No
Have you complied with the Arizona Residential Landlord and Tenant Act regarding security deposits?	<input type="radio"/>	<input type="radio"/>
Did you contact HOM, Inc. within 2 business days of regaining possession of the unit?	<input type="radio"/>	<input type="radio"/>
Was a move-out inspection completed by HOM after regaining possession of the unit?	<input type="radio"/>	<input type="radio"/>
Is this damage claim worksheet being submitted within 60 calendar days of the move-out inspection?	<input type="radio"/>	<input type="radio"/>
Did you itemize and bill the tenant for damages incurred which exceed their security deposit? <i>If so, include a copy with this worksheet.</i>	<input type="radio"/>	<input type="radio"/>
Have you included all estimates or receipts for claims and checked to see if these figures match the amounts given on this worksheet?	<input type="radio"/>	<input type="radio"/>
<i>I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that all claims have not been previously paid and payable under the Damage Claim and Vacancy Loss provisions of the HAP Contract. I agree and understand that inquiries may be made to verify statements herein.</i>		
Signature of Owner or Representative	Date Signed	