



HCV Damage Claims Reimbursement Request Form

Instructions: To request reimbursement for damages caused by a Housing Choice Voucher participant that moved out of your unit, please submit the information requested below not more than 21 days following the participant's move-out date. **Marin Housing Authority will process requests within a month following the request being received.** You must submit documentation to support your request, i.e. receipts, invoices, pictures, etc. **In accordance with the state law and the Contractors State License Board any work completed for \$500 or more (includes labor & materials) must be done by a licensed contractor.** Complete form must be submitted to the attention of Monique Broussard. Should you have any questions contact her at 415-491-2567.

Date of Request _____ / _____ / _____
Unit Address _____
Tenant Name _____ **Voucher #** _____
Owner Name & Address _____
Owner Phone # _____

Tenant Move Out Date _____ / _____ / _____

Total Amount of Damage Claim \$ _____
Total Family Security Deposit \$ _____
Balance after Security Deposit \$ _____

Reason for Move-Out* _____
*If evicted, please attach proof _____
And formal documentation* _____

Amounts Available from Security Deposit Retained by Owner:** \$ _____

****Amounts available from Security Deposit Retained by Owner refer to amounts available before any unit repairs.****

By signing below, the Owner/Agent certifies that the damages were caused by the participant while occupying the assisted unit and are beyond that of normal wear and tear. The Owner/Agent also certifies that the Owner has taken every reasonable action to determine repair amounts are reasonable.

Owner/Agent Name _____

Signature _____ **Date** _____

MHA to complete this section

1. Monthly Contract Rent \$ _____ 3. Total Damage Claim Approved \$ _____
2. Total Damage Claims Amount Requested \$ _____ 4. Date check release _____

Authorized Signature _____ **Date:** _____ **Approve** **Deny**