



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

THIS WORKSHEET MUST BE COMPLETED AND RETURNED TO HOM, INC.  
WITHIN THIRTY (30) DAYS FROM THE DATE OF THE HOM, INC. MOVE-OUT INSPECTION

PART I OWNER AND TENANT INFORMATION			
Landlord / Owner Name	Tenant's Name		
Mailing Address	Unit address this claim is for		
City	State	Zip	Contract Rent
Contact Number	Move-Out Date	Reason for Move-Out	\$

PART II SECURITY DEPOSIT DISPOSITION	
1. <b>UNPAID RENT:</b> Enter amount of rent charged to, but unpaid by tenant (Include a copy of tenant ledger card or statement showing amounts and period for which rent is unpaid)	\$ _____
2. <b>DAMAGES:</b> Enter the amount charged to the tenant for tenant-caused damages (Include receipts or estimates of damages claimed)	\$ _____
3. <b>CLEANING COSTS:</b> Enter the amount charged to the tenant for cleaning costs (Include copy of receipts or estimates of cleaning costs claimed)	\$ _____
4. <b>LEGAL AND/OR COURT COSTS:</b> Enter the amount charged to tenant for attorney's fees and/or court costs from legal eviction proceedings	\$ _____
5. <b>LEASE CANCELLATION FEE / PENALTY:</b> Enter the amount charged to tenant for lease cancellation fee (Include copy of lease with appropriate provision)	\$ _____
6. <b>OTHER CHARGES:</b> (Specify) _____	\$ _____
7. <b>TOTAL OF ALL CHARGES:</b> (Add items 1 thru 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> (Subtract line 7 from line 8)	\$ _____
<b>IF REFUND DUE, REMIT TO HOM, INC. AT 3829 NORTH 3<sup>RD</sup> STREET, SUITE 101, PHOENIX AZ 85012-2088</b>	
<b>IF BALANCE DUE REMAINS, GO TO PART III AND IV OF THIS FORM FOR DAMAGE AND VACANCY LOSS CLAIM(S)</b>	

PART III DAMAGE CLAIM	OWNER	HOM APPROVED
1. <b>TOTAL OF ALL CHARGES:</b> (From Item 7 above)	\$ _____	\$ _____
2. <b>TWO</b> Month's Contract Rent:	\$ _____	\$ _____
3. <b>ENTER</b> the <b>LESSER</b> of line 1 or 2	\$ _____	\$ _____
4. <b>SECURITY</b> deposit collected by Owner	\$ _____	\$ _____
5. <b>SUBTRACT</b> line 4 from line 3 = <b>Maximum Damage Claim</b>	\$ _____	\$ _____

**PART IV VACANCY LOSS CLAIM**

A vacancy loss may be claimed **ONLY** under the following conditions: (Check appropriate box)

- The tenant moved without cause during the term of the lease without a mutual rescission or 30-day notice; or
- The tenant moved at the end of the lease term without providing a 30-day notice; or
- The Owner evicted the tenant through court action and has complied with provision (7)(b) of the HAP Contract

\*\*\* Landlord **MUST** submit verification that an attempt has been made to re-lease the unit (e.g., newspaper ad, leasing report, etc.) \*\*\*

	OWNER	HOM APPROVED
1. <b>ENTER</b> the date the tenant moved out or the date the unit was discovered vacant (whichever date was known first):	_____	_____
2. <b>ENTER</b> the date of the last payment received from HOM, Inc. on behalf of the tenant:	_____	_____
3. <b>ENTER</b> the effective date of the lease for a new tenant after the unit has been re-rented:	_____	_____
4. <b>ENTER</b> the number of days the unit was vacant during the month following the last month that payment was received on behalf of the tenant: <b>Do not count days in any month in which you received payment from HOM, Inc. - typically the month in which the unit was vacated</b>	_____	_____
5. <b>Vacancy Loss Calculation:</b> (Contract Rent divided by 30 days X line 4 X 80%)	\$ _____	\$ _____
6. <b>RENT</b> received from tenant, if any for the period	\$ _____	\$ _____
7. <b>AMOUNT</b> claimed for vacancy loss (line 5 less line 6)	\$ _____	\$ _____

**PART V OWNER CERTIFICATION**

Have you complied with the Arizona Residential Landlord and Tenant Act regarding security deposits?	Yes	No
Did you contact HOM, Inc. upon discovering the unit was vacant and was the inspection completed by HOM, Inc?	Yes	No
Did you itemize and bill the tenant for damages incurred which exceeded their security deposit? (Include a copy with this worksheet)	Yes	No
Have you included all estimates or receipts for claims and checked to see if these figures match those given on this worksheet?	Yes	No

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 are due and payable under the HAP Contract. I agree and understand that inquiries may be made to verify statements herein.

\_\_\_\_\_  
Signature of Owner of Agent

\_\_\_\_\_  
Date Signed

**PART VI NOTE TO OWNER**

Please allow thirty (30) 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. **Please make sure that all documentation is enclosed to expedite the processing of the claim. Thank you for your assistance and cooperation.**