

SECURITY DEPOSIT CLAIM

This claim must be filed with the Director by landlords wishing to retain all or any portion of a security deposit for unpaid rent or damages or both where the tenant does not consent in writing.

It must be filed within 10 days of termination of the lease.

If the unpaid rent or damages or both exceed the amount of the security deposit, the landlord may file an Application to the Director seeking an order for the balance.

RE: _____
 Address of Rental Unit

LANDLORD:

TENANT:

 Name

 Name

 Address

 Address

 Postal Code

 Postal Code

DESCRIBE DEDUCTIONS:

_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
_____	\$	_____
TOTAL (Enter this below at **)		\$ _____

SECURITY DEPOSIT ACCOUNTING:

Amount of deposit:	\$ _____	Date paid:	_____
Interest:	+ \$ _____		
Total (deposit + interest):	= \$ _____		
Deductions:**	- \$ _____		
Balance refund to tenant (if negative, enter "0")	= \$ _____		

I will be filing an Application to the Director for additional payment: Yes No

SIGNATURE: _____ DATE: _____

THE TENANT HAS READ AND UNDERSTOOD THIS CLAIM AND AGREES WITH THE BALANCE REFUND AS CALCULATED BY THE LANDLORD:

SIGNATURE: _____ DATE: _____

If the tenant has consented to this claim, the landlord need not file it with the Director.