

## Transitions to Community Living Voucher (TCLV) Special Claims Requisition Form

<b>Tenant Name:</b>  <b>Move-out Date:</b>	<b>Instructions:</b> <ul style="list-style-type: none"> <li>This form should not be submitted prior to the new move-in, except when the unit remains unrented for more than 2 months following move-out. Early submission will limit the vacancy claim.</li> <li>Attach a copy of the completed security deposit disposition form as part of the documentation of the claim.</li> </ul>
--	---

1. **Reimbursement for Unpaid Property Damage Caused by Tenant**, at a rate of 75% of claim total, not to exceed \$2,500.

**Itemized Claim** – Enter each item included in the claim on page 2, in #1 and attach supporting documentation

- a) Total Cost from page 2, #1 \$ \_\_\_\_\_  
     Multiply by 75% x .75  
 b) Unpaid Damages eligible for reimbursement = \$ \_\_\_\_\_  
 c) Enter the lesser of line 1b or \$2,500 here \$ \_\_\_\_\_

2. **Reimbursement in the event of an Insurance Claim due to damage caused by the tenant:** Amount not reimbursed by insurance minus total of any payments made by the tenant, not to exceed \$3000.

**Itemized Claim** – Enter each item included in the claim on page 2, in #2 and attach supporting documentation

- a) Total Cost from page 2, #2 \$ \_\_\_\_\_  
 b) Subtract the total of any tenant payments - \$ \_\_\_\_\_  
 c) Eligible Unpaid Insurance Claim = \$ \_\_\_\_\_  
 d) Enter the lesser of line 2c or \$3,000 here \$ \_\_\_\_\_

3. **Reimbursement of Unpaid Tenant Portion of Rent and Late Fees**, not to exceed 3 months' tenant unpaid portion of rent and late fees.

**Itemized Claim** – Itemize each month included in the claim on page 2, in #3 and attach supporting documentation

- a) Total Unpaid Tenant Rent (up to 3 months) \$ \_\_\_\_\_  
 b) Add the total Unpaid Late Fees + \$ \_\_\_\_\_  
 c) Total Unpaid Rent and Late Fees = \$ \_\_\_\_\_  
 d) Enter line 3c here \$ \_\_\_\_\_

4. **Reimbursement for Vacancy due to Tenant Abandonment of Unit:** The Unit Rent during the remaining lease term, not to exceed 2 months' rent. Eligible only if tenant vacates unit prior to end of lease term and unit remains unrented.

**Itemized Claim** – Itemize each month included in the claim on page 2, in #4 and attach supporting documentation

- a) Unit Rent (up to 2 months) \$ \_\_\_\_\_  
 b) Enter line 4a here \$ \_\_\_\_\_

5. **Reimbursement for Successful Eviction Costs:** Court filing costs, sheriff's office fees, and attorney's fees for successful evictions, provided the MCO and/or Subsidy Administrator were given 3 opportunities to salvage the tenancy, not to exceed \$1,000.

**Itemized Claim** – Enter each item included in the claim on page 2, in #5 and attach supporting documentation

- a) Total Eviction Costs from page 2, #5 \$ \_\_\_\_\_  
 b) Enter the lesser of line 5a or \$1000 here \$ \_\_\_\_\_

### Total Special Claim

<b>Name of Landlord:</b>		Line 1c	\$
	Add	Line 2d	+ \$
<b>Landlord Address:</b>	Add	Line 3d	+ \$
	Add	Line 4b	+ \$
<b>Property Name/Address:</b>	Add	Line 5b	+ \$
	Subtract	Security Deposit Balance	- \$
		<b>Total Eligible Special Claim</b>	<b>= \$</b>

I certify that this claim is an accurate accounting of money owed as a result of this tenancy

Signature of Property Owner/Landlord: \_\_\_\_\_

1. **Reimbursement for Unpaid Property Damage Caused by Tenant**, at a rate of 75% of claim total, not to exceed \$2,500.

Itemized Claim – Enter each item included in the claim and attach supporting documentation (copies of invoices supporting the Requisition form, copy of most recent landlord unit inspection report, copy of insurance policy, copy of annual unit inspection, security deposit disposition/settlement)

Description	Cost
Total Cost	

2. **Reimbursement in the event of an Insurance Claim due to damage caused by the tenant:** Amount not reimbursed by insurance minus total of any payments made by the tenant, not to exceed \$3000.

Itemized Claim – Enter each item included in the claim and attach supporting documentation (copies of invoices supporting the Requisition form, copy of Insurance Company Settlement, copy of ledger/summary of tenant payments toward payment plan, security deposit disposition/settlement)

Description	Cost
Total Cost	

3. **Reimbursement of Unpaid Tenant Portion of Rent and Late Fees**, not to exceed 3 months' tenant unpaid portion of rent and late fees.

Itemized Claim – Itemize each month included in the claim and attach supporting documentation (copy of delinquency notice(s), evidence the landlord notified the Subsidy Administrator in writing no more than 7 days after the participant was served the delinquency notice, security deposit disposition/settlement)

Description	Cost
Total Cost	

4. **Reimbursement for Vacancy due to Tenant Abandonment of Unit**, not to exceed 2 months' rent.

Itemized Claim – Itemize each month included in the claim and attach supporting documentation (security deposit disposition/settlement)

**Landlord Certification:** Initial here to certify that unit was not re-rented during time period covered in this claim: \_\_\_\_\_

Description	Cost
Total Cost	

5. **Reimbursement for Successful Eviction Costs:** Court filing costs, sheriff's office fees, and attorney's fees for successful evictions, not to exceed \$1,000.

Itemized Claim – Enter each item included in the claim and attach supporting documentation (copy of notices of lease violation/infraction sent to the Tenant/participant, copy of the 3 notices of lease violation provided to the LME/MCO and Subsidy Administrator, copy of Summary Ejectment, copies of the invoices for court costs, sheriff's office fees, and attorney fees, security deposit disposition/settlement)

Description	Cost
Total Cost	