



7315 Hanna Street Fort Wayne, Indiana 46816  
260.267.9300 T 260.755.1058 TDD | [fwha.org](http://fwha.org)

### Damage Claim Form

FWHA will pay a damage claim that is the lesser of: a) cost of repair or b) up to two months' contract rent less the security deposit for tenant-caused damages beyond normal wear and tear. The damage claim payment will be paid out to a landlord when the next HAP contract is executed between the owner and FWHA.

#### Owner/Tenant Information

1. Owner/Landlord Name: \_\_\_\_\_
2. Owner/Landlord Phone/Email: \_\_\_\_\_
3. Former Tenant Name: \_\_\_\_\_
4. Former Tenant Address: \_\_\_\_\_
5. Former Tenant Vacate Date: \_\_\_\_\_
6. Monthly Contract Rent: \$ \_\_\_\_\_

#### Damage Claim Information

1. Cost of Repairs/Damages: \$ \_\_\_\_\_
2. Amount collected from security deposit: \$ \_\_\_\_\_
3. Amount of uncollected damages (the lesser of cost of damages or two months' contract rent): \$ \_\_\_\_\_

**Required Attachment:** Copy of billing notice to former tenant with a list of damages and amounts requested.

**Owner Certification:** I, the Owner/Landlord, hereby certify that:

- a) I billed the former tenant and took all reasonable steps to collect the debt;
- b) I determined that these damages were not due to normal wear and tear but due to the tenant's negligence and/or abuse;
- c) I have re-rented the vacated unit to another Housing Choice Voucher participant;
- d) All of the information stated on this form is true and correct to the best of my knowledge.

Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FAX

260.267.9305 Administration  
260.267.9306 Housing Choice Voucher  
260.267.9307 Public Housing  
260.267.9308 Accounting





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**PHA Review:**

\_\_\_\_\_ **Claim Approved. Amount of approved payment: \$** \_\_\_\_\_

\_\_\_\_\_ **Claim Denied**

**Reason for denial:** \_\_\_\_\_

**PHA Official Name & Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**FAX**

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