



# Damage Claim Form

Updated: 6/4/2024

Housing Choice Voucher Program

## LANDLORD'S INFORMATION

<b>Full Name:</b>	<b>Phone Number:</b>
<b>Address:</b>	<b>Email:</b>

## INFORMATION REGARDING CLAIM

<b>Tenant's Full Name:</b>	<b>Property Address:</b>
<b>Amount of Claim Requested (the lesser of the cost of repairs or up to two months of contract rent, minus any amounts paid in security deposit):</b>	
<b>Description of Damage (include all relevant dates):</b>	
<b>Documents attached:</b> <ul style="list-style-type: none"><li><input type="checkbox"/> Move-in checklist/inspection documentation from move-in (form must have tenant's signature)</li><li><input type="checkbox"/> Photos of damage (if available)<ul style="list-style-type: none"><li><input type="checkbox"/> If not available, please state why: _____</li></ul></li><li><input type="checkbox"/> Invoice for repairs of damage</li><li><input type="checkbox"/> Proof of invoice payment or costs paid (e.g., receipts)</li><li><input type="checkbox"/> Lease and Documentation (e.g., ledger) showing how security deposit was used to offset the claim amount</li></ul>	

*I attest that the information above is complete and accurate to the best of my knowledge. I attest that I have not requested or received reimbursement for the amounts requested from any other source. I understand that this program is federally funded, and that fraudulent documentation or claims may be punishable by law.*

**Applicant Name (Please Print):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

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

**Please note that Damage Claims can only be paid when you rent the same unit to another eligible DSHA voucher holder. Please contact [crystal.sparks@delaware.gov](mailto:crystal.sparks@delaware.gov) with any questions, or to submit a claim.**

**Disclaimer: All Payments made to Landlords are only for properties rented to DSHA Housing Choice Voucher clients only.**