



**MONROE COUNTY DEPARTMENT OF HUMAN SERVICES**

QUALITY HOUSING UNIT

111 WESTFALL ROAD

ROCHESTER, NEW YORK 14620

**SECURITY AGREEMENT CLAIM APPLICATION**

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

**Tenant:** Name (Last, First) \_\_\_\_\_ **Case Number** \_\_\_\_\_

**Claim Address:** Number \_\_\_\_\_ Street \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Landlord:** Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ **Vendor Number** \_\_\_\_\_

**Move In Date** \_\_\_\_\_ **Move Out Date** \_\_\_\_\_ **Number in Household** \_\_\_\_\_

**Total Amount of Damages Claimed (not including unpaid rent)** \_\$ \_\_\_\_\_

**Monthly Rent Amount** \_\$ \_\_\_\_\_ **Total Amount of Unpaid Rent Claimed** \_\$ \_\_\_\_\_

**Breakdown of Unpaid Rent:** Mo/Yr \_\_\_\_\_ Amt Owed \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Amt Owed \_\_\_\_\_

Mo/Yr \_\_\_\_\_ Amt Owed \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Amt Owed \_\_\_\_\_ Mo/Yr \_\_\_\_\_ Amt Owed \_\_\_\_\_

**PLEASE CHECK ITEMS ENCLOSED. SUBMIT ORIGINAL COPIES OF REQUIRED FORMS. Retain a copy for your records.**

- \_\_\_\_\_ Landlord-Tenant Security Agreement signed by landlord and tenant.
- \_\_\_\_\_ Move-In Inspection completed by City Inspector (Move in before May 2010) or The Housing Council (after May 2010) , signed by landlord and tenant (city properties.)
- \_\_\_\_\_ Move-In Inspection completed by landlord and tenant or KMS Properties if Move-In was after April 2010 (suburban properties.)
- \_\_\_\_\_ Move-Out Inspection completed by The Housing Council, signed by landlord and tenant (city properties.)
- \_\_\_\_\_ Move-Out Inspection completed by KMS Properties, signed by landlord and tenant (suburban properties.)
- \_\_\_\_\_ Verification of cost of repairs:
- \_\_\_\_\_ Contractor or Management Company Repairs: Itemized invoice showing each item of repair with cost of labor and materials clearly indicated for each item.
- \_\_\_\_\_ Landlord Repairs: Itemized list showing each item of repair with hours of labor and material costs clearly indicated for each item and accompanied by receipts for materials and supplies.
- \_\_\_\_\_ Eviction warrant and judgment, if applicable.

**\*\* PLEASE NOTE \*\***

If all required information is provided, claims should be processed in six to ten weeks. Omission of required information may delay processing and/or result in denial of the claim.

The tenant will be provided with an opportunity to contest the claim and has the right to have this matter reviewed by an Administrative Law Judge. Should the tenant contest the claim, you may be required to testify at the hearing.

**FOR OFFICE USE ONLY**

New Address \_\_\_\_\_ Zip \_\_\_\_\_ Unit/Worker \_\_\_\_\_ / \_\_\_\_\_

# In HH \_\_\_\_\_ Case Status: Active \_\_\_\_\_ Date Closed \_\_\_\_\_ 297 Sent \_\_\_\_\_ Reply \_\_\_\_\_

Add Info Date \_\_\_\_\_ Requested \_\_\_\_\_ Client Review \_\_\_\_\_

TA File Requested \_\_\_\_\_ Reason \_\_\_\_\_ Received \_\_\_\_\_

Disposition: Denied \_\_\_\_\_ Reason \_\_\_\_\_

Approved \_\_\_\_\_ (Rent \_\_\_\_\_ Damages \_\_\_\_\_ ) Amount Paid \_\_\_\_\_