

MODERATE REHABILITATION CLAIM REQUEST

Request Date: _____

Property Address: _____

Tenant's Name: _____

Tenant's Address: _____ Apt. No.: _____

Contract Effective Date: _____

Contract Rent:	\$ _____	<p align="center">PHA USE ONLY</p> <p><input type="checkbox"/> Match Elite</p> <p><input type="checkbox"/> Match Elite</p> <p><input type="checkbox"/> Match Elite</p>
Housing Assistance Payment:	\$ _____	
Tenant Rent:	\$ _____	
Security Deposit:	\$ _____	
Rent received during vacancy period:	\$ _____	

Amount of the Request:	Tenant damage claim	\$ _____
	Unpaid tenant rent	\$ _____
	Vacancy loss	\$ _____
	Total	\$ _____

Date of Move-Out: _____

Reason for Move-Out: _____

Please attach receipts and photos of damages (mandatory)

Completed forms and receipts should be sent via regular mail, email or faxed to:

Moderate Rehabilitation Program

216-271-2679 fax

Certification:

I understand that any misrepresentation of information or failure to disclose information requested on this claim may result in non-payment of the claim request.

I certify that all information is true and complete to the best of my knowledge.

Landlord's Signature

Date



COMMITMENT ACCOUNTABILITY RESPECT EXCELLENCE SAFETY