

LANDLORD GUARANTEE FUND CLAIM FORM

Instructions: Fill out the RentSmart Guarantee Fund Claim Form and submit the Claim packet to RentSmart Guarantee Fund. Landlords must file the claim within 60 days from the date the Guarantee expires and/or the date the landlord takes back possession of the unit from the tenant, whichever occurs first. The Guarantee is available for a maximum of \$5000 in reimbursement for eligible expenses.

The Claim packet must include:

- ✓ Accounting Statement reflecting tenant-owed expenses
- ✓ Copy of the Move-Out Report
- ✓ RentSmart Guarantee Fund Claim Form signed by landlord
- ✓ Receipts or invoices for any repairs if requesting reimbursement for damages (if repairs done by in-house staff, then documentation of time spent and hourly rate is required)
- ✓ Documentation of non-payment of rent (72 hour notices, tenant ledger, etc.) if requesting reimbursement for non-payment of rent
- ✓ Receipts for any eviction related court costs, if applicable
- ✓ Satisfaction of judgment form, if applicable

Landlord Name: _____

Property Name: _____

Mailing Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: _____ Fax: _____

Tenant Name: _____

Address of Unit being covered by the RentSmart Guarantee: _____

City: _____ Province: _____ Postal Code: _____

CLAIM INFORMATION

Date Landlord received possession of the unit: _____

Reason for Claim:

Total Amount of Charges:	\$
Minus Deposits, Payments or Fees Paid by Tenant:	-\$
Equals Remaining Balance:	\$
Total Amount of Reimbursement Requested:	\$

I certify that this information is true and correct to the best of my knowledge. I understand that RentSmart Guarantee Fund and RentSmart Education & Support Society reserve the right to inspect the unit. By submitting the Claim Form I agree that (a) I will not seek a recoupment of costs from any tenant for which this claim is submitted, (b) if an action has already been filed against a tenant, I will file a satisfaction of judgment after receipt of payment from RentSmart Guarantee Fund to ensure that I do not receive a duplicate payment for reimbursed costs and expenses. To the extent that I receive a payment pursuant to this Claim Form for expenses which have already been satisfied, I agree to repay RentSmart Guarantee Fund any over-payment received, or RentSmart Guarantee Fund may offset the amount received pursuant to their request by any amounts I have already received.

Landlord Signature: _____ Date: _____

RentSmart Guarantee Fund communications should be directed to:
 RentSmart Guarantee Fund, Attn: Andrew Holeton, #211-611 Discovery Street, Victoria, BC V8T 5G4
info@rentsmartguarantee.org rentsmartguarantee.org 250-388-7171 **Fax:** 250-388-7174 **Toll free:** 833-333-7171