



HAYC Landlord Assurance Program

Landlord Claim Form

To file a claim, please complete this form and attach the following information:

- ① Written Accounting Statement (Itemized list of all charges and their purposes)
- ② A move out checklist/condition of premises report
- ③ Copy of Move-in Checklist signed by tenant

Name of Landlord: _____

Mailing Address of Landlord: _____

Name of Tenant: _____

Address of unit covered by Guarantee: _____

Date landlord regained possession of unit: _____

Reason for Claim:

Total amount of charges: \$ _____

Minus deposits, payments or fees collected from tenant \$ _____

Equals remaining balance \$ _____

Total amount of reimbursement requested \$ _____

I certify that this information is true and correct to the best of my knowledge.

Landlord Signature _____ Landlord Name _____ Date _____

Completed claim forms may be mailed or hand-delivered to:

Housing Authority of Yamhill County
135 NE Dunn Place
McMinnville, Oregon 97128