



**MODERATE REHABILITATION CLAIM REQUEST**

Request Date: \_\_\_\_\_  
 Property Address: \_\_\_\_\_  
 Tenant's Name: \_\_\_\_\_  
 Tenant's Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_

Contract Effective Date: \_\_\_\_\_  
 Contract Rent: \$ \_\_\_\_\_  
 Housing Assistance Payment: \$ \_\_\_\_\_  
 Tenant Rent: \$ \_\_\_\_\_  
 Security Deposit: \$ \_\_\_\_\_  
 Rent received during vacancy period: \$ \_\_\_\_\_

PHA USE ONLY	
<input type="checkbox"/>	Match Elite
<input type="checkbox"/>	Match Elite
<input type="checkbox"/>	Match Elite

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

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

216-271-4102 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

Jeffery K. Patterson, Chief Executive Officer, Cuyahoga Metropolitan Housing Authority