



LANDLORD DEPOSIT BOND CLAIM FORM

Please be advised that any claim will only be considered up to the value of the Deposit Bond. The amount of the Deposit Bond is clearly stated on the Deposit Bond certificate issued. The Council will never make a payment for more than the value of the Deposit Bond.

Any claim must be submitted within 4 weeks of the tenancy end date.

Completed forms should be returned to housing@surreyheath.gov.uk

Landlord / Agent Name

Name	<input type="text"/>
Agent Contact	<input type="text"/>
Address	<input type="text"/>
Email	<input type="text"/>
Tel. Number	<input type="text"/>

Tenant/s Name

Name/s	<input type="text"/>		
Property Address	<input type="text"/>		
Email	<input type="text"/>		
Tel. Number	<input type="text"/>		
Forwarding Address	<input type="text"/>		
Tenancy Start Date	<input type="text"/>	Tenancy End Date	<input type="text"/>
Reason Tenancy Ended	<input type="text"/>		

Deposit Bond Amount £ Additional Deposit Amount £

Has the additional deposit amount been used to recover any costs?

Claim Details

Details of any damage/loss:

Evidence must be provided for each individual item being claimed for. This will then be compared to the inventory provided at the start of the tenancy. Claims for items considered as reasonable wear and tear during the course of the tenancy will not be granted.

Rent Arrears £

Date of Rent Arrears Started

Please provide evidence of any rent arrears (rent account statement, bank statements etc).

Landlord Declaration

- . I confirm that the information declared in this form is correct to the best of my knowledge and provides an accurate statement of damages, loss or rent arrears.
- . I have submitted this claim within 4 weeks of the tenancy end date.
- . I understand that this claim will be investigated by the Lettings Negotiator and I may not receive the amount I have requested if successful with this claim.
- . I have provided evidence to support this claim to document any damages, loss or rent arrears owing (see evidence checklist for further information).

Signed

Name

Date