



St. Vincent de Paul Georgia Landlord Contingency Fund Claim Form

Please Submit Claim form by email to: LEP@svdpgeorgia.org

Tenant First and Last Name:

Unit Address (include zip code):

Move-in Date:

Move-out Date:

Landlord First and Last Name:

Business name:

Phone:

Email:

Type of claim:

- Excess Wear and Tear Claim

Describe room, items, classification of damage (heavy, moderate, light, none):

Amount requested:

- Eviction-related court costs

Amount requested:

- Unpaid rent claim:

Amount requested:

Additional comments:

Amount of security deposit applied:

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Claim Form Submission Instructions:

- If you are submitting this claim form for an Excess Wear and Tear claim, please include a Move-in/Out Condition Report and receipts or invoices for any repairs.
- If you are submitting this claim form for eviction-related court costs, please include an invoice or receipt showing actual proof of payment.
- If you are submitting this claim form for unpaid rent, please include a written Accounting Statement reflecting tenant-owed expenses and documentation of non-payment of rent (72-hour notices, tenant ledger, etc.).

By submitting this claim form, I attest to the veracity of information and I acknowledge I have read and reviewed and I agree with and acknowledge the [St. Vincent de Paul Georgia Landlord Contingency Fund Application and Guidelines](#).

Signed:

_____ Date: _____

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