



Suffolk County Department of Social Services

LANDLORD CLAIM FORM

REPLY TO:

Suffolk County Dept. of Social Services
Division of Housing Services
Inspection Department
Box 18100
Hauppauge, NY 11788-8900

Case No.
Case Name
Address of Secured Premises

The above named tenant has vacated the premises on or about _____. As landlord of the premises (or agent whose signature appears on the Cash Security and/or Security Agreement), I am submitting the following claim against the Cash Security and/or Security Agreement for the above noted premises. I certify that I have received no other payment to offset the damages or unpaid rent listed below.

A. The tenant caused the following damages:

Table with 2 columns: ITEM, ESTIMATED COST OF REPAIR/REPLACEMENT. Rows 1-4.

(Use reverse side if necessary.)

B. The tenant vacated the premises without notice to me and left owing rent in the amount of \$_____ for the month of _____.

I agree to forfeit reimbursement for any and all repairs/replacements regarding damaged property made prior to inspection. I certify that the above statements are true and correct to the best of my knowledge. I understand any false statements knowingly made by me will constitute fraud.

Print Landlord or Agent's Name Phone #
(Mailing Address) (City) (Zip)

Landlord (or Agent) Signature

Sworn to me this _____ day of _____, 20 _____.

By: _____
(Notary)

FOR AGENCY USE ONLY:
Security Agreement Voucher # _____
Amount Authorized \$ _____
Amount Authorized against Cash Security \$ _____
DSS Authorized Signature Date