



Security Deposit Form

Updated: 6/26/2024

Housing Choice Voucher Program

LANDLORD'S INFORMATION

Full Name:	Phone Number:
Address:	Email:

INFORMATION REGARDING CLAIM

Tenant's Full Name:	Property Address:
Amount of Claim Requested (security deposit):	
Resident Move In Date:	
Documents attached: <ul style="list-style-type: none"><input type="checkbox"/> Move-in checklist/inspection documentation from move-in (form must have tenant's signature)<input type="checkbox"/> Other Documentation<ul style="list-style-type: none"><input type="checkbox"/> _____<input type="checkbox"/> Receipt of 1st Month's Rent<input type="checkbox"/> Proof of HAP Contract<input type="checkbox"/> Lease and Documentation (e.g., ledger) showing how much security deposit	

I attest that the information above is complete and accurate to the best of my knowledge. I attest that I have not requested or received reimbursement for the amounts requested from any other source. I understand that this program is federally funded, and that fraudulent documentation or claims may be punishable by law.

Applicant Name (Please Print): _____

Applicant's Signature: _____

Date: _____

Please note that Damage Claims can only be paid when you rent the same unit to another eligible DSHA voucher holder. Please contact crystal.sparks@delaware.gov with any questions, or to submit a claim.

Disclaimer: All Payments made to Landlords are only for properties rented to DSHA Housing Choice Voucher clients only. SRAP Vouchers are not eligible.