



**FORM 14 - NOTICE OF CLAIM FOR SOCIAL SERVICES GUARANTEE OF SECURITY DEPOSIT**

*\*All information you provide is available to the public.*

*\*Send this form to the nearest Office of Residential Tenancies listed below, within 7 business days from the end of tenancy.*

**A. Rental Property Information:**

Street Address: \_\_\_\_\_ Suite No. \_\_\_\_\_  
 City/Town/Village/Legal: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Tenancy start: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ end/last known day: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Day Month Year Day Month Year

**B. Landlord Information:**

Landlord Name as stated in letter of guarantee: \_\_\_\_\_  
 Landlord/Agent Name: \_\_\_\_\_  
 Mailing/Service Address: \_\_\_\_\_ Suite No. \_\_\_\_\_  
 City/Town/Village/Legal: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 Contact: Work: ( ) \_\_\_\_\_ Home: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
 e-mail: \_\_\_\_\_

**C. Tenant Information:**

Name: \_\_\_\_\_ Case # \_\_\_\_\_  
 Any Forwarding Address: \_\_\_\_\_  
 Name: \_\_\_\_\_ Case # \_\_\_\_\_  
 Any Forwarding Address: \_\_\_\_\_

**CLAIM DETAILS**

I/We, \_\_\_\_\_ (Print name of person signing), Landlord, or agent for the Landlord, hereby certifies the following to be true and correct to the best of my information and belief:

1. The tenancy is now terminated and the Tenant(s) has caused the following estimated or actual losses (show all losses, even if more than security deposit, as they may be claimed if Tenant disputes the security deposit):

Rent arrears/loss (termination notice provided: <input type="checkbox"/> yes <input type="checkbox"/> no )		\$ _____
month in arrears and/or lost: ____ mo/ ____ yr to ____ mo/ ____ yr		
Cleaning - # of hours _____	\$ _____ }	
Supplies _____	\$ _____ }	\$ _____
Carpet cleaning _____	\$ _____ }	
Other _____	\$ _____ }	
Damages:	Repair Cost	
Item _____	\$ _____ }	
_____	\$ _____ }	
_____	\$ _____ }	\$ _____
_____	\$ _____ }	
_____	\$ _____ }	
Other (specify) _____		\$ _____
_____		\$ _____
<b>TOTAL CLAIM</b>		\$ _____

**Note:** A tenant may request a hearing to determine the disposition of the security deposit within 120 days of the end of the tenancy agreement. You should retain any supporting evidence. If the tenant disputes this security deposit claim, the hearing will also deal with your claims for over and above the security deposit.

2. Nothing disqualifies me from any claim on the security deposit.

3. The monthly rent is \$ \_\_\_\_\_  
 \$ \_\_\_\_\_ cash deposit held by the Landlord  
 \$ \_\_\_\_\_ amount claimed against Social Services guarantee

**Certified to be true and correct:**

Date: \_\_\_\_\_ (Signature of Individual Certifying Information) \_\_\_\_\_

**To: Tenant(s)**

If you disagree with the claim of the Landlord against the security deposit, provide this dispute notice to the Office of Residential Tenancies within 120 days from the end date of the tenancy. A hearing will be arranged to deal with the security deposit. If the landlord applies to claim losses over and above the security deposit, that claim will be heard at the same time.

I, \_\_\_\_\_, hereby dispute the claim of the Landlord for the security deposit guarantee. I wish to have a hearing into this matter.

My address is: \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ e-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provide this page to the Office of Residential Tenancies. The Office will advise you when the hearing will be held.

Regina: 120 - 2151 Scarth St. S4P 2H4 Saskatoon: 105 - 122 Third Avenue North S7K 2H6

Toll Free Callers: 1-888-215-2222  
 Toll Free Fax: 1-888-867-7776

Out of Province Callers: 1-306-787-2699  
 Out of Province Fax: 1-306-787-5574