

Notice of Claim - Social Services' Security Deposit Guarantee

Form 14

The Residential Tenancies Act, 2006

Office of Residential Tenancies

Note: 1. This form must be delivered to the **Office of Residential Tenancies** within 7 business days after the day on which a landlord has actual knowledge or should reasonably have known that a tenant has vacated the premises. Deliver, email or fax to the ORT as follows:

Regina: 304-1855 Victoria Avenue Toll Free Callers: 1-888-215-2222 Saskatoon: 105-122 Third Avenue North
S4P 3T2 Toll Free Fax: 1-888-867-7776 S7K 2H6
ORT@gov.sk.ca

2. A Tenant has two years from the end of the tenancy to dispute the Landlord's claim and request a hearing. Landlord and tenant should retain any supporting evidence. The hearing may deal with the Landlord's claims that exceed the deposit amount, if the Landlord pays the required hearing fee.

3. All information you provide is available to the public. If you need more space to provide information, add additional pages.

A. Rental Property Address _____ Suite No. _____
City/Town/Village/Legal _____ Postal Code _____

B. Tenant _____ Address _____ Case # _____
Phone _____
Email _____
Tenant _____ Address _____ Case # _____
Phone _____
Email _____
Tenant _____ Address _____ Case # _____
Phone _____
Email _____

C. Landlord Name (as stated in letter of guarantee) _____
Saskatchewan Power of Attorney/Agent Name _____
Mailing/Service Address _____ Suite No. _____
City/Town/Village/Legal _____ Postal Code _____
Contact: Work _____ Mobile _____ Fax _____ Email _____

D. Monthly rent \$ _____ Cash security deposit (if any) \$ _____ Social Services Guarantee \$ _____
Did Social Services withdraw their letter of guarantee at any time? Yes No If yes, date of letter _____
Was a move-in and move-out inspection done? Yes No If yes, attach a copy.
Last known date of Tenancy _____ Did Tenant provide a Notice to Vacate? Yes No
If no notice was provided, when did you learn the tenant had left? _____
How did you learn the tenant had left? _____

Notice of Claim - Social Services' Security Deposit Guarantee cont'd

CLAIM DETAILS

Rent arrears/loss: Months in arrears and/or lost: _____ mo / _____ yr to _____ mo / _____ yr \$ _____

Cleaning: # of hours _____ \$ _____

Supplies: \$ _____

Carpet cleaning: \$ _____

Other cleaning costs: \$ _____

Total cleaning costs: \$ _____

Damages: _____ \$ _____

_____ \$ _____

_____ \$ _____

Total damages/repair costs: \$ _____

Other costs/losses (specify) _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL CLAIM: \$ _____

I certify all of the information on this form to be true and correct:

Signature of Landlord or Agent

Date

Tenant's Dispute Notice

I, _____, dispute the claim of the landlord and request a hearing into this matter.

Tenant

My address is _____ Suite No. _____

Contact: Work _____ Mobile _____ Fax _____ Email _____

Signature of Tenant

Date Signed

Tenant: If you dispute the Landlord's claim, deliver, email or fax this form to the Office of Residential Tenancies

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