

**Notice of Landlord's Claim
for Security Deposit**

The Residential Tenancies Act, 2006

Form 13/14

Office of Residential Tenancies

This form must be delivered to the tenant within 7 business days after the day on which a landlord has actual knowledge, or should reasonably have known, the tenant has vacated the premises.

If any portion of the security deposit is guaranteed by SOCIAL SERVICES a copy of this claim MUST be delivered to the Office of Residential Tenancies within 7 business days of the tenancy ending.

All information provided in this application is public. Please read carefully and ANSWER FULLY.

A. Tenant Information

First Name: _____ Last Name: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

Present Mailing Address: _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Other Tenant names: _____

(Include Social Services Case No. beside other tenants' names, if applicable)

Social Services Guarantee Case No. (if applicable): _____ Date Letter Withdrawn (if applicable): _____

B. Rental Property Information

Street Address (Land Location): _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Tenancy start (dd/mm/yy): _____ End/Last known day (dd/mm/yy): _____ Lease agreement (Please attach.)

C. Landlord Information

Landlord/Agent name (full legal name): _____

Mailing/Service Address: _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

TENANCY INFORMATION

1. List the dates the security deposit was paid to the landlord and the amount (\$):

Date: _____ Amount: _____ Date: _____ Amount: _____

2. Did **Social Services guarantee** any of the security deposit? No Yes **How much?** _____

3. What was the monthly rent when the tenancy started? _____

4. How much was the security deposit? _____

5. Did the tenant(s) provide a written notice to vacate? No Yes Last known date of tenancy? _____

If no notice was provided, how and when did you learn that the tenant(s) had left?

6. Was a move-out inspection done with the tenant?

A "move-in" inspection was completed with the tenant, a copy of which is attached.

A "move-out" inspection was completed with the tenant, a copy of which is attached **OR**

No "move-out" inspection was done because _____

7. Was any of the security deposit returned? No Yes How much? _____ **(attach proof)**

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CLAIM DETAILS

Rent arrears/loss (specify - "month/amount"): _____ Total \$ _____

Cleaning: # of hours: _____ \$ _____
 Supplies: _____ \$ _____
 Carpet cleaning (beyond reasonable wear and tear): _____ \$ _____
 Other cleaning costs: _____ \$ _____ Total cleaning costs: \$ _____

Damages/repair: Item _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____
 _____ \$ _____ Total damages/repair costs: \$ _____

Other costs/losses (specify): _____

 _____ Total other costs: \$ _____

If you require more space for details, please attach additional pages.

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/We (tenant/s), _____, dispute the landlord's claim to the security deposit (and interest, if applicable) and request a hearing into this matter for the return of \$ _____.

Present Mailing Address: _____ Suite No.: _____

City/Town/Village/Hamlet: _____ Province: _____ Postal Code: _____

Primary Phone Number: _____ Alternate Phone Number: _____

Email: _____

Special accommodations (physical accessibility, translator, etc.): _____

- **Proof of payment of your security deposit MUST be included.**
- **Photographic evidence must be numbered with a detailed explanation underneath each image and submitted on one document (PDF or Word).**
- **The ORT may contact you for clarification of the facts and your application may be rejected if information or required documents are not submitted at time of application.**
- **Orders issued by the ORT are enforced by the claimant.**

Signature of tenant _____ **Date of application** _____

Complete and submit Page 1 AND 2 of this application along with a \$50 filing fee (use the [Credit Card Payment Form](#)) to proceed with a hearing for the return of your security deposit (you may claim the \$50 application fee at the hearing). Use the [Application for Fee Waiver](#) to apply for a Fee Waiver Certificate under *The Fee Waiver Act*, if eligible.

If you wish to file a claim other than for your security deposit, complete and submit a Form 9 along with supporting evidence.

Office of Residential Tenancies
Mailing address: 304 - 1855 Victoria Avenue, Regina, SK S4P 3T2
Toll Free: 1-888-215-2222; Outside SK call: 306-787-2699
Email: ort@gov.sk.ca