

**Tenant Application for
Return of Security Deposit and Interest**

Form 12
Office of Residential Tenancies

This application, under subsection 33(1) of *The Residential Tenancies Act, 2006*
MUST be made **within 2 years** of the end of the tenancy.

**All information provided in this application is public. Read carefully and answer fully.
Both Page 1 and Page 2 MUST be completed and submitted with evidence for a hearing to be scheduled.**

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: _____
Tenant(s) Representative (if any): _____

B. Rental Property Information

Street Address (Land Location): _____ Suite No.: _____
City/Town/Village/Hamlet: _____ Province: Saskatchewan 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: _____

- **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.**
- **Orders issued by the ORT are enforced by the claimant.**

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

Complete and submit Page 1 AND 2 of this application to proceed with a hearing for the return of your security deposit.
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

Regina: 304 - 1855 Victoria Avenue, S4P 3T2

Saskatoon: 105 - 122 - 3rd Avenue North, S7K 2H6

Toll Free Callers: 1-888-215-2222; Outside SK call: 306-787-2699

Email Address: ort@gov.sk.ca

For office use only

Received by: _____ August 2020 Form 12 Page 1 of 2

Tenant Security Deposit Claim Information

The Residential Tenancies Act, 2006

Form 12

Office of Residential Tenancies

Include all details of your claim – submit all required documents.

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

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

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

3. How much was the security deposit? _____ How much are you asking for back? _____

4. Did Social Services guarantee any of the security deposit? No Yes How much? _____
(If yes, complete the dispute section on the Form 13/14 provided by Social Services.)

5. What date did you vacate the property? _____
(Please ensure more than 15 days have passed before submission.)

6. Did you provide a written notice to vacate? No Yes (Submit a copy of the written notice.)

What was the date of the notice? _____ What was the date to terminate the tenancy? _____

If no notice was provided, what was the reason?

7. Was a move-out inspection done with the landlord?

I/we did a "move-in" inspection with the Landlord, a copy of which is attached.

I/we did a "move-out" inspection with the Landlord, a copy of which is attached **OR**

No "move-out" inspection was done because

8. Was a forwarding address provided to the landlord? No Yes Date: _____

Forwarding address provided: _____
(List electronic or mailing address provided to landlord)

9. Was any form of consent given to the Landlord to retain any or all of the security deposit (and interest, if applicable)?

No Yes How much? _____

10. Has any of the security deposit been returned? No Yes How much? _____ When? _____
(Submit proof of any portion returned.)

I/We hereby certify the information provided in this application is true and correct:

Signature of Tenant(s) _____ Date _____

