

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

**Form 12**  
Office of Residential Tenancies

This application, under subsection 33 of *The Residential Tenancies Act, 2006*  
MUST be made **within 60 days** 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): \_\_\_\_\_

Representatives may be appointed with a Form B Power of Attorney [section 70.1]

**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 along with a \$50 filing fee 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](mailto:ort@gov.sk.ca)

**For office use only**

Received by: \_\_\_\_\_ September 2021 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 7 business 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 \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_  
\_\_\_\_\_ Date \_\_\_\_\_

## Credit Card Payment Form

PLEASE TYPE, OR PRINT CLEARLY (IF NOT TYPED)

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

Application/Claim No. (if known): \_\_\_\_\_

**TO:**  
**Office of Residential Tenancies:**

**Mailing Address:** 304 - 1855 Victoria Avenue, Regina, Canada S4P 3T2

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

**Email:** [ort@gov.sk.ca](mailto:ort@gov.sk.ca)

With Regard to:

Address of rental unit: \_\_\_\_\_

My credit card number and expiry date are listed below:

Mastercard       Visa

Account Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

CVR Number from the back of the card (3 digits): \_\_\_\_\_

Security Deposit Amount Being Paid: \$ \_\_\_\_\_

Application Fee Amount Being Paid (\$50/application): \$ \_\_\_\_\_

Total Amount to be Charged: \$ \_\_\_\_\_

\_\_\_\_\_  
Print name above and sign below

\_\_\_\_\_  
Authorized Signature

This form will be a digital image in ORT and stored securely. No printed image will be kept.