

Bloomington Housing Authority
1007 N. Summit Street
Bloomington, Indiana 47404
812-339-3491
Fax: 812-339-7177

Program Contact:
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FUNDED IN PARTNERSHIP WITH:



Property Owner Contact Information
Name: _____
Phone Number: _____
Address: _____
Household Information
Name: _____
Phone Number: _____
Unit Address: _____
Type of Claim (Please submit a separate form for each <u>type of loss</u>):
<input type="checkbox"/> Physical Damage <input type="checkbox"/> Operational Loss
Please Describe Claim:
_____ _____ _____
Claim amount requested:
_____ _____
Reduction of Reimbursements from Other Sources: (deposits, insurance, or other program, collected rent for period etc.)
_____ _____ _____

Please attach supporting documentation:

- A copy of your standard move-out accounting, and documentation used to make claims against security deposits
- Certification that all costs are actual costs and not being reimbursed from other sources
- Supporting Court Judgement if applicable

For Physical Damage Claims ONLY:

- Attach a description (work order or contract) of the proposed repairs including quantities, materials, unit prices, and an estimate, bid, or invoice for repairs (including material and labor).
- Photos of damage should be provided.

For Operational Losses ONLY:

- Owners must complete a separate claim form for Operational Losses as well as provide a brief explanation of what occurred and what actions the owner and/or manager took to try to limit losses.

*****This form must be submitted no later than 45 days after the last day of the tenant's lease*****