

Damage Claim

Please complete and e-mail to Spartanburg Housing at cgodfrey@spartanburghousing.org

Landlord Name: _____

Address: _____

Phone Number: _____

HCV Participant Name: _____

Unit Address: _____

Move In Date: _____

Move Out Date: _____

The following must be attached to process the damage claim:

_____ Move In Inspection

_____ Move Out Inspection

_____ Itemized Estimate

The above information is true, complete and accurate to the best of my/our knowledge and belief.
I/we understand that the submission of false information or omission of facts is punishable under
Federal and State Law.

Signature: _____

Date: _____

SH Staff Only Date Received: _____

Date Processed: _____

Approved Amount: _____

Staff Initials: _____