



## Excessive Damage Reimbursement Claim Request Form

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

Head of Household's Name: \_\_\_\_\_

Subsidized Unit Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone(s): \_\_\_\_\_

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Security Deposit Amount \$: \_\_\_\_\_

Rent Amount \$: \_\_\_\_\_

Move-In Date: \_\_\_\_\_

Move Out Date \_\_\_\_\_

Name of Unit Owner or Agent \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Point of Contact Email: \_\_\_\_\_

Excess Damage Claim Requested: \$ \_\_\_\_\_

Amount Paid by Tenant/Head of Household: \$ \_\_\_\_\_

Amount Paid by Insurance: \$ \_\_\_\_\_



**Required Documentation**

**The following items must be submitted with this request:**

- Executed Lease
- A copy of the itemized list of damages sent to the tenant at the last known address pursuant to RSMo. 535.300
- Photos or videos that clearly identify the damage(s) to the unit
- Itemized invoice(s) for work performed
- Verification of the amount paid for the security deposit
- Written certification and photos that confirm the required repairs have been completed

By submitting a claim for excess damage to SLHA, the unit owner certifies: a legal right to pursue a claim in court against the tenant for damages beyond normal wear and tear; none of the claimed damages existed prior to the lease start date; any funds paid to the unit owner pursuant to this program will be credited in favor of tenant against such damages claimed; all statements made and documentation provided in support of the claim are true and accurate; and the claim is not made for any fraudulent purpose.

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Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

Additional Comments: \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Requests must be submitted to the St. Louis Housing Authority within **60** days of the tenant vacating the unit. Please return completed form and required documentation to:

St. Louis Housing Authority  
3520 Page Blvd.  
St. Louis, MO 63106  
E: [SLHA-damageclaim@slha.org](mailto:SLHA-damageclaim@slha.org)