TARRANT COUNTY

HOUSING ASSISTANCE OFFICE
2100 Circle Dr., Suite 200, Fort Worth, TX 76119

Wayne Pollard
Director of Housing

Telephone: (817) 531-7640
Fax: (817) 212-3052

Date

Re:

AFFIDAVIT OF DAMAGES

The above name tenant wishes to relocate to another unit. In order to determine their eligibility for relocation, this affidavit MUST BE COMPLETED BY THE LANDLORD OR LANDLORD AGENT OF RECORD and returned to the Tarrant County Housing Assistance Office within **10 calendar days**.

LEASE ENDING DATE: _____ Amount deposit paid $ _____ upon move in.

1. Check all that apply:

[ ] *Tenant Name* is responsible for needed repairs and costs (estimated) as indicated below (You must complete, if applicable, if NONE, write "NO TENANT RELATED DAMAGE TO PROPERTY" ON FORM. DO NOT RETURN BLANK).

Tenant-Related Damages	**Costs (estimated)**
_____	_____
_____	_____
_____	_____
_____	_____

[ ] *Tenant Name* currently owes $ _____ in unpaid rent from _____ to _____. (Late charges may not be included).

[ ] The tenant and I have inspected the unit and there are no problems.

[ ] We have agreed the tenant will vacate the unit on _____.

_____ _____
Landlord Signature Date Phone

_____
Tenant Signature Date

_____
Phone

□ I accompanied the landlord on the inspection and I agree with the assessment.

□ I accompanied the landlord on the inspection and I do not agree with the assessment. I am requesting mediation by a TCHAO Inspector.

□ I did not accompany the landlord, and I disagree.

Failure to return the completed form within the required timeframe will result in TCHAO assuming the tenant is in good standing and is eligible to move.

NOTE: ANY MONIES OWED OR DAMAGES AFTER THE COMPLETION OF THIS AFFIDAVIT MUST BE RESOLVED IN ORDER TO MOVE TO A NEW LOCATION.