

LANDLORD CLAIM FORM

Date Submitted: _____

Name of Tenant(s): _____

Address of Tenant(s): _____

| Category | Requested Cost | Description |
|---------------------------|----------------|-------------|
| Unit Damages | \$ | |
| Legal Related to Eviction | \$ | |
| Other | \$ | |
| TOTAL | \$ | |

All costs summarized above have been incurred by the Landlord during the tenancy of the above named Tenant(s) and documentation of costs has been provided with this Claim Form.

Landlord Name

Landlord Signature

To submit this form, please e-mail to the Amicus Fund at info@amicusfund.org. Please feel free to call us with any questions or concerns.

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