



## Wichita Housing Authority Landlord Incentive Program (WHALIP) Security Deposit Disposition & Program Fund Request

THIS WORKSHEET MUST BE COMPLETED AND RETURNED TO THE **WHA**  
FOR REVIEW AND SUBMISSION TO THE WHALIP ADMINISTRATOR

PART I OWNER, TENANT AND HOUSING PROGRAM INFORMATION					
Landlord / Owner Name	Tenant's Name				
Mailing Address	Unit address this claim is for				
City	State	Zip	City	State	Zip
Contact Number	/	/	Reason for Move-Out (Eviction, Abandonment, 30-Day Notice, etc.)		
Move-Out Date					

PART II SECURITY DEPOSIT DISPOSITION	
1. <b>UNPAID RENT:</b> Enter amount of rent charged to, but unpaid by tenant (From Section IV, Line 9)(Include a copy of tenant ledger/statement showing amounts and period of unpaid rent)	\$ _____
2. <b>DAMAGES:</b> Enter the amount charged to the tenant for tenant-caused damages (Include receipts or estimates of damages claimed)	\$ _____
3. <b>CLEANING COSTS:</b> Enter the amount charged to the tenant for cleaning costs (Include copy of receipts or estimates of cleaning costs claimed)	\$ _____
4. <b>LEGAL AND/OR COURT COSTS:</b> Enter the amount charged to tenant for attorney's fees and/or court costs from legal eviction proceedings (Include copies of invoices and court costs)	\$ _____
5. <b>OTHER CHARGES:</b> (Specify) _____	\$ _____
6. <b>TOTAL OF ALL CHARGES:</b> (Add items 1 thru 5 above)	\$ _____
7. <b>SECURITY DEPOSIT:</b> Enter the amount of the refundable security deposit held by owner	\$ _____
8. <b>REFUND OR BALANCE DUE:</b> (Subtract line 7 from line 6)	\$ _____
IF REFUND DUE, REMIT TO PROGRAM OR TENANT IN ACCORDANCE WITH ARLTA AND PROGRAM AGREEMENT IF BALANCE DUE REMAINS, GO TO PART III AND IV OF THIS FORM FOR DAMAGE AND VACANCY LOSS CLAIM(S)	

PART III DAMAGE CLAIM	OWNER	APPROVED
1. <b>TOTAL OF ALL CHARGES:</b> (From Item 8 above)	\$ _____	\$ _____
2. <b>PROGRAM LIMITS:</b> (1-Bdrm = \$2,000, Multi-Bdrm = \$3,500)	\$ _____	\$ _____
3. <b>ENTER the LESSER</b> of line 1 or 2 (This is the WHALIP Maximum Damage Reimbursement for this Claim) (NOTE: You may also request Vacancy Loss Reimbursement if applicable)	\$ _____	\$ _____

**PART IV VACANCY LOSS CLAIM**

A vacancy loss may be claimed **ONLY** under the following conditions: (Check appropriate box)

- The tenant moved without cause during the initial term of the lease without mutual agreement or notice; or
- The tenant moved at the end of the lease term without providing required end of term notice; or
- The Owner evicted the tenant through court action and has complied with ARLTA and Program Agreement  
 \*\*\* Landlord **MUST** submit verification that an attempt has been made to re-lease the unit (e.g., newspaper ad, leasing report, etc.) \*\*\*

	OWNER	APPROVED
1. ENTER the date the tenant moved out or the date the unit was discovered vacant (whichever date was known first):	____/____/____	____/____/____
2. ENTER the date of the last payment received from Housing Program on behalf of the tenant:	____/____/____	____/____/____
3. ENTER the effective date of the lease for a new tenant after the unit has been re-rented:	____/____/____	____/____/____
4. ENTER the number of days the unit was vacant during the month(s) following the last month that payment was received on behalf of the tenant:		
5. <b>Vacancy Loss Calculation:</b> (Contract Rent divided by 30 days X line 4)	\$ _____	\$ _____
6. RENT received from tenant, if any for the period	\$ _____	\$ _____
7. AMOUNT claimed for VACANCY LOSS (line 5 less line 6)	\$ _____	\$ _____
8. MAXIMUM VACANCY LOSS claim (2x contract rent)	\$ _____	\$ _____
9. ENTER the LESSER of line 7 or 8 = Max WHALIP Claim	\$ _____	\$ _____

**PART V OWNER CERTIFICATION**

- Have you complied with the Kansas Landlord and Tenant Law regarding security deposits?  Yes  No
- Did you contact WHA upon discovering the unit was vacant?  Yes  No
- Did you itemize and bill the tenant for damages incurred which exceeded their security deposit? (Include a copy with this worksheet)  Yes  No
- Have you included all estimates or receipts for claims and checked to see if these figures match those given on this worksheet?  Yes  No

I hereby certify that the foregoing information is true and correct to the best of my knowledge and belief and that all claims have not been previously paid and are due and payable under the Program Agreement. I agree and understand that inquiries may be made to verify statements herein.

Signature of Owner of Agent \_\_\_\_\_

Date Signed \_\_\_\_\_

**PART VI NOTE TO OWNER**

Please allow thirty (30) days for processing this claim. If the maximum amount to be paid under this claim is not sufficient to cover all expenses incurred by you, then you must continue to pursue further reimbursement directly from the tenant. **Please make sure that all documentation is enclosed to expedite the processing of the claim. Thank you for your assistance and cooperation.**