



TARRANT COUNTY

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

Wayne Pollard
Director of Housing

Telephone: (817) 531-7640
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Date

Landlord Name
Address
CSZ

- Tenant has been uncooperative and I have been unable to inspect the unit.
Tenant indicated to me they no longer want to relocate.
Tenant and I have inspected the unit and I have determined the following - see Tenant-Related Damages below.

Re: AFFIDAVIT OF DAMAGES for Tenant Name and address

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).

Table with 2 columns: Tenant-Related Damages, Costs (estimated). Includes horizontal lines for input.

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

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

Landlord Signature _____ Date _____

Phone _____

Tenant Signature _____ Date _____

- 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.

Phone _____

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. TCHAO will not honor this form if returned after the deadline.

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