



# 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

\_\_\_\_\_  
Tenant Signature Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
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.