

# Tenant Claim Affidavit

Tenant Name

Tenant Unit #

Facility Name

Facility Address

Responding Police Department

Police Report #

Date Police Report Filed

(Please include a copy when submitting your claim form)

Claimed Cause of Loss:

Fire, smoke, lightening, explosion

Subsidence, building collapse, falling object, weight of snow, ice or sleet

Theft or vandalism  
(Theft requires evidence of forced entry)

Moth, insect, rodent or vermin

Impact of aircraft or vehicle

Other (please specify)

Water

Explain in your own words what you believe happened to your property:

When do you believe the damage happened? Try to be specific, a time range is acceptable

Date tenant discovered loss or damage

Date tenant last visited unit

Tenant Signature

Date

By signing above, I certify under penalty of perjury of law the foregoing is true and correct. I understand that the facility will only assume limited responsibility for the loss as outlined in the terms and conditions of the lease. Under no circumstances will the facility pay more than the protection plan limit.

## For Facility / Office Use Only

CCTV Video Reviewed and Sent

Gate Entry Log Sent

Photographs Sent

Evidence of forced entry (theft only)

Manager's Statement of what he/she believed happened:

Manager Signature

Date