

**MAIN OFFICE**

700 W. Main Street, Alhambra, CA 91801

Tel: 626-262-4510 TDD: 626-943-3898

[www.lacda.org](http://www.lacda.org)

---

**HOUSING ASSISTANCE DIVISION**

SITE: ANTELOPE VALLEY OFFICE - 2323 E. Palmdale Blvd., Suite B, Palmdale, CA 93550 Tel: 661-575-1511

**OWNER CLAIM FOR PHYSICAL DAMAGE TO A SUBSIDIZED UNIT**

The attached Open Doors Damage Claim Compensation Form (Form) is required to process the reimbursement of physical damage costs (in excess of the amount of security deposit paid) for the unit subsidized by the Los Angeles County Development Authority (LACDA), caused by a current housing program participant family during their occupancy. You must complete and return the Form to the LACDA within five calendar days of learning of the move-out, or contract termination, whichever is first.

If you intend to claim damages, you must enclose the required documentation showing the basis for the charges, including verifiable third-party evidence of the actual cost incurred. Payment for damages can be claimed only to the extent that they have not been paid by the tenant.

Note: Any amount owed by the tenant to the owner for damages will first be deducted from the maximum-security deposit that the owner specified in the lease agreement. The LACDA will pay for qualified damage costs beyond the security deposit, but not to exceed \$3,000. This represents the maximum amount that the LACDA will pay under any circumstances.

**The following supporting documents must be provided to the LACDA within 30 calendar days from the Housing Quality Standards move-out inspection date:**

- **Photos of damage;**
- **Receipts for repairs;**
- **Lease agreement;**
- **Move-out inspection; and**
- **Security deposit ledger.**

**No claims and receipts received after the 30-calendar day deadline will be honored.**

If you have any questions regarding completion of this form, you may contact the Customer Service Unit at (626) 586-1984 or at [Opendoors@lacda.org](mailto:Opendoors@lacda.org).



## OPEN DOORS DAMAGE CLAIM COMPENSATION FORM

Date:
Vendor ID:
Vendor Name:
Contact Person:
Mailing Address:
Phone Number:
Email:
Tenant ID:
Tenant Name:
Unit Address:
Move-Out Date:

### DAMAGE CLAIM SUMMARY

Security Deposit Held by Owner: \$ \_\_\_\_\_

Total Amount Claimed: \$ \_\_\_\_\_

Itemized List of Damages (attach receipts and photos):

Items Damaged	Description of Damage	Repair/Replacement Cost	Receipt Attached (Y/N)

### CERTIFICATION & SIGNATURE

I certify that the information provided is true and that the damages listed were caused by the tenant named above during their occupancy. I understand that reimbursement is subject to LACDA approval and funding availability.

Owner/Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed form and supporting documents to:

Open Doors Program  
[opendoors@lacda.org](mailto:opendoors@lacda.org)  
(626) 586-1984