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Tenant Application for Return of Security Deposit and Interest

Form 12
Office of Residential Tenancies
1-888-215-2222
ORT@gov.sk.ca

Notice: Starting early in 2017, this form must be filled out and submitted online. Exceptions to online submission will be very limited. Leading up to this change, we suggest that you:

- work exclusively from the current online PDF form;
- delete all saved versions of this form; and
- discard all printed copies of this form.

For updates about changes and notice of training for the new processes, subscribe to email updates here.

This application under subsection 33(1) of *The Residential Tenancies Act, 2006* must be made **within 2 years** of the end of the tenancy.

Please read carefully and answer fully. Make any changes necessary to fully and accurately describe what has happened.

I/we paid a security deposit of _____ to the landlord , on _____ **OR** paid the security deposit as follows: _____ on _____ and _____ on _____ .

I/we gave written notice on _____ to the Landlord to terminate the month to month tenancy effective _____ **OR** the term lease expired on _____ **OR**
I/we terminated the lease without notice for the following reasons

_____

I/we vacated the premises on _____ and more than 15 days have passed since I/we vacated.
When I/we vacated the premises:

◯ I/we did a "move-out" inspection with the Landlord, a copy of which is attached **OR**

◯ No "move-out" inspection was done because

_____

I/we have not given any form of consent to the Landlord to retain any or all of the security deposit and interest.

I provided a forwarding address to the Landlord on _____ as follows:

Mailing/Service Address _____ Suite No. _____

City/Town/Village _____ Province _____ Postal Code _____

The landlord has ◯ not returned any portion of the security deposit OR

◯ returned _____ of the security deposit on _____ .

I/we have not received any written notice of claim from the Landlord, and I/we request the return of _____ .

I/We hereby certify the information provided in this application is true and correct:

Signature of Tenant(s) _____ Date _____

_____ Date _____

A. Rental Property Information

Street Address _____ Suite No. _____

City/Town/Village _____

B. Landlord Information

Landlord/Agent Name _____

Mailing/Service Address _____ Suite No. _____

City/Town/Village _____ Province _____ Postal Code _____

Contact: Work _____ Home _____ Fax _____

C. Tenant Information: Name all Tenants and provide one address for all.

Tenant Names _____

Present Mailing/Service Address _____ Suite No. _____

City/Town/Village _____ Province _____ Postal Code _____

Contact: Work _____ Home _____ Fax _____

You may also be phoned for clarification of the facts. You will be responsible for enforcing any Order received from us.

Office of Residential Tenancies

Regina: 304 - 1855 Victoria Avenue, S4P 3T2 Saskatoon: 105 - 122 - 3rd Avenue North, S7K 2H6

Toll Free Callers: 1-888-215-2222; in Regina, please call: 306-787-2699
Toll Free Fax: 1-888-867-7776; in Regina, please fax: 306-787-5574
Email Address: ort@gov.sk.ca

Office Use Only (Rev. 02/07) Application Group No. _____ App. No. _____