

CLAIM FOR DAMAGES

SHA USE ONLY
CLAIM NUMBER
DATE FILED

TYPE OR PRINT LEGIBLY
SEE INSTRUCTIONS ON BACK

CLAIMANT	NAME (FIRST – MIDDLE – LAST OR BUSINESS NAME)	DATE OF BIRTH	HOME PHONE				
CURRENT HOME ADDRESS (NUMBER – STREET – CITY – STATE – ZIP)			BUSINESS PHONE				
HOME ADDRESS AT THE TIME THE CLAIM AROSE (NUMBER – STREET – CITY – STATE – ZIP)			CELL PHONE				
EMAIL ADDRESS							
ACCIDENT/LOSS <small>(IF LOSS OCCURRED OVER A PERIOD OF TIME, PROVIDE DATE OF FIRST AND LAST OCCURRANCES)</small>	DATE	TIME	DIAGRAM <small>(Use if this will help you located or describe what happened)</small>				
LOCATION OF INCIDENT	BE VERY SPECIFIC: ADDRESSES, APARTMENT NUMBERS, LOCATION DESCRIPTION, ETC.		<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 50px;"></td><td style="width: 50%; height: 50px;"></td></tr> <tr><td style="width: 50%; height: 50px;"></td><td style="width: 50%; height: 50px;"></td></tr> </table>				
WHAT HAPPENED?	DESCRIBE IN YOUR OWN WORDS HOW THIS LOSS OCCURRED AND WHY YOU BELIEVE THAT SEATTLE HOUSING AUTHORITY IS RESPONSIBLE (additional space on the reverse side or attach additional pages and supportive documents if needed)						
WAS YOUR PROPERTY DAMAGED?							
AGE, MAKE, MODEL, CONDITION, VALUE OR EXTENT OF DAMAGE		<input type="checkbox"/> YES, EXPLAIN BELOW <input type="checkbox"/> NO					
WERE YOU INJURED?							
DESCRIBE THE CAUSE OF THE INJURY. EXPLAIN THE EXTENT OF LOSS OR MEDICAL, PHYSICAL OR MENTAL INJURIES							
NAMES, ADDRESSES AND TELEPHONE NUMBERS OF TREATING MEDICAL PROVIDERS. ATTACH COPIES OF ALL REPORTS AND BILLINGS							
NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL PERSONS INVOLVED IN OR WITNESS TO THE INCIDENT							
NAMES, ADDRESSES AND TELEPHONE NUMBERS OF ALL INDIVIDUALS THAT MAY HAVE KNOWLEDGE RELATED TO THIS CLAIM REGARDING LIABILITY AND OR RESULTING DAMAGES. PLEASE INCLUDE A BRIEF DESCRIPTION AS TO THE NATURE AND EXTENT OF THE PERSONS KNOWLEDGE							
HAS THIS INCIDENT BEEN REPORTED TO LAW ENFORCEMENT, SECURITY, PROPERTY MANAGEMENT OR ANY SEATTLE HOUSING AUTHORITY PERSONNEL OR DEPARTMENT? IF SO, WHEN AND TO WHOM?							
AMOUNT CLAIMED	\$ _____						
SIGNATURE OF CLAIMANT <small>(AND TITLE, IF BUSINESS)</small> <small>This claim form must be signed by the Claimant, verifying the claim; or pursuant to a written power of attorney, by the attorney in fact for the claimant; or by an attorney admitted to practice in Washington State on the claimant's behalf; or by a court-approved guardian or guardian ad litem on behalf of the claimant, and notarized by a licensed Notary Public.</small>	I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct X _____ (Claimant) EXECUTED this _____ day of _____, _____ at _____ County, Washington X _____ (Notary Public)						

PRESENTATION OF A CLAIM

In order to officially report your claim, you must file an authorized Claim for Damages form which is attached. If you would prefer to use the *State of Washington Standard Tort Claim* form, please contact the Seattle Housing Authority at 206-239-1500. Please type or print legibly. The authorized claim form must have an original signature (not a photocopy or scanned copy) and must be mailed or delivered to:

Mail to:
Seattle Housing Authority
101 Elliott Avenue W
Suite 100
PO Box 79015
Seattle, WA 98119

Deliver to:
Seattle Housing Authority
101 Elliott Avenue W, Suite 100
Seattle, WA 98119

Business Hours: Monday-Friday, 8:00 a.m.-5:00 p.m. Closed on weekends and official holidays

To assist us in the evaluation of your claim, please provide relevant documentation in the form of receipts, cancelled checks, estimates, billings, photos, diagrams, medical information or other records along with your submission. Please note that the claim form and supporting documentation filed with the Seattle Housing Authority may be considered public record under Revised Code of Washington (RCW) Chapter 42.56, of the Public Records Act. Public records are presumed subject to disclosure upon request.

EXPLANATION OF THE CLAIMS PROCESS

After a complete Claim for Damages form is submitted to the Seattle Housing Authority, it is delivered to the Risk Management department. The Risk Manager will review your Claim for Damages form. An investigation may take place. During the investigation you may be asked to provide additional information to support your claim.

The Risk Manager will evaluate and recommend a resolution of your claim. This may include, but is not limited to:

1. Pay a sum of money.
2. Tender – transfer to another party or entity responsible for your alleged damages.
3. Deny – where there is no evidence of any negligence by the Seattle Housing Authority

If you have any questions about filing then do not hesitate to call 206-615-3372 during normal business hours Monday-Friday, 8:00 a.m.-5:00 p.m.

THIS SPACE PROVIDED FOR ADDITIONAL INFORMATION

PLEASE ATTACH DOCUMENTS WHICH SUPPORT YOUR CLAIM