

THE RENT  
PAYER

# RENT CLAIM FORM

TO BE FILLED BY POLICY HOLDER

Policyholder's Name:	Policy Number(s):	Date of Birth:
Policyholder's Phone #:		
Policyholder's Address:		
Purpose of Disclosure: Evaluate claims for benefits during the time this authorization is valid.	Name and Address of former employer:	
Phone Number of Former Employer:		
Reason for being fired/ let go/ excessed		
<p>I understand that:</p> <ul style="list-style-type: none"> <li>• If I quit my job, i will not be getting any claim processed and that the only way to be able to claim is either I was fired, laid off or excessed. For contractor's, my contract ended.</li> <li>• If any false claims are made, I will not be able to claim anything and this claim request will be declined. In such cases, we may deem you as a fraudulent person and will have the right to cancel your account .</li> <li>• My former employer will be contacted in order to verify the state of my employment to determine how to further process your claim.</li> <li>• If all relevant documents are submitted on time, I will get my claim processed as quick as possible.</li> </ul>		

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Signature of claimant or authorized representative

Date

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Printed of claimant or authorized representative

Relationship

THE RENT  
PAYER

# RENT CLAIM FORM

TO BE FILLED BY EMPLOYER

Employer's Name:	Supervisor's Name	Supervisor's Number:
Purpose of Disclosure: Evaluate claims for benefits during the time this authorization is valid.	Name and Address of former employer:	
Phone Number of Former Employer:		
Reason for being fired/ let go/ exceeded		
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I understand that everything stated above pertaining to the employee is true.

Signature of Employer

Date

Printed of Employer

Relationship

Comments:	
	FOR OFFICIAL USE ONLY