

# Summary of proofs for bond/compensation applications

## ABOUT YOUR CASE

VCAT number: R202\_\_ / \_\_\_\_\_

CAV reference number: CAV/ \_\_\_\_\_ (Provide if you obtained a CAV referral between 13/5/20 and 28/3/21)

Residential rental provider/s: \_\_\_\_\_

## DETAILS OF TENANCY

Address of rented premises: \_\_\_\_\_

Date tenancy commenced: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date tenancy ended: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

The renter (tenant):  Vacated  Abandoned  Warrant of possession executed

As at the date the tenancy ended the agreement was:  periodic  fixed term

Dates of any fixed term agreement: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Renter's new address (if known): \_\_\_\_\_

## DETAILS OF APPLICATION

What are you claiming:

Bond only  Bond and Compensation  Compensation only

Extension of time for bond claim

What is the date of your VCAT application? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

When was the application served on the renter? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

How was the application served?  Email  Registered post  Ordinary post

Address used for service: \_\_\_\_\_

If claiming bond: How much is the bond? \$ \_\_\_\_\_

What is the RTBA receipt number? \_\_\_\_\_

Have you provided a copy the RTBA receipt?  Yes  No

Did you lodge your bond claim within 10 business days of the end of the tenancy? Yes No

If not, why was there a delay in lodging the bond claim? \_\_\_\_\_

## PARTICULARS OF CLAIM

Total pages attached: \_\_\_\_ (Refer to VCAT requirements for submission of evidence on page 4.)

### Rent arrears

Did the renter owe rent on the date the tenancy ended?  Yes  No

The rent was \$ \_\_\_\_\_ per calendar  month  fortnight  week

The rent is paid up to and including \_\_\_\_ / \_\_\_\_ / \_\_\_\_ with \$ \_\_\_\_\_ on account. See rent ledger attached on pages \_\_\_\_\_. The rent owing to the date the tenancy ended is \$ \_\_\_\_\_.

**Loss of rent/break lease costs**

**Are you claiming loss of rent for:**

- breach of a fixed term agreement       failure to give notice of intention to vacate?

If so, when was the property relet? \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**What are you claiming?**

- Loss of rent \$ \_\_\_\_\_ from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- Pro rata advertising fees \$ \_\_\_\_\_
- Pro rata letting fees \$ \_\_\_\_\_

**What evidence are you providing?**

- Advertising, as attached on pages \_\_\_\_\_
- Invoices for advertising or Letting, as attached on pages \_\_\_\_\_
- Other evidence, specify: \_\_\_\_\_, as attached on pages \_\_\_\_\_

Item claimed	Amount claimed	Rooms affected	Evidence on pages
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**Failure to keep premises reasonably clean**

<input type="checkbox"/> Carpet cleaning	\$ _____		Pages _____
<input type="checkbox"/> Internal cleaning	\$ _____		Pages _____
<input type="checkbox"/> External cleaning and gardening	\$ _____		Pages _____
<input type="checkbox"/> Removal of rubbish	\$ _____		Pages _____

**Damage**

<input type="checkbox"/> Repairs of walls and/or painting	\$ _____	Rooms affected: _____ _____ Year last painted: ____ / ____ / ____ Allowed for depreciation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pages _____
<input type="checkbox"/> Carpet repairs or replacement	\$ _____	Rooms affected: _____ _____ Age of carpets: _____ Allowed for depreciation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pages _____
<input type="checkbox"/> Blind repairs or replacement	\$ _____	Rooms affected: _____ _____ Age of blinds: _____ Allowed for depreciation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pages _____

Item claimed	Amount claimed	Rooms affected	Evidence - see pages
<input type="checkbox"/> Repairs or replacements of locks and keys	\$ _____	Rooms affected: _____ _____	Pages _____
<input type="checkbox"/> Repairs or replacements of doors	\$ _____	Rooms affected: _____ _____	Pages _____
<input type="checkbox"/> Repairs to flooring	\$ _____	Rooms affected: _____ _____ Year flooring installed or last sanded and polished: _____ Allowed for depreciation: <input type="checkbox"/> Yes <input type="checkbox"/> No	Pages _____
<input type="checkbox"/> Other: _____ _____	\$ _____	Rooms affected: _____ _____	Pages _____
<input type="checkbox"/> Other: _____ _____	\$ _____	Rooms affected: _____ _____	Pages _____
<input type="checkbox"/> Other: _____ _____	\$ _____	Rooms affected: _____ _____	Pages _____
<b>Has the work been completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Miscellaneous - other			
Item	Amount	Type of document/s provided	Evidence – see pages
Item: _____	\$ _____	_____ _____	Pages _____
Item: _____	\$ _____	_____ _____	Pages _____
Item: _____	\$ _____	_____ _____	Pages _____

This form is declared to be correct and submitted to VCAT on \_\_\_\_ / \_\_\_\_ / \_\_\_\_

By name of person appearing at hearing: \_\_\_\_\_

Rental provider    Agent    DOH

Signature of person appearing at hearing: \_\_\_\_\_

**Important information: You must comply with the following steps when preparing your evidence for VCAT and the other party.**

**Step 1**

- Evidence **must** be labelled with sequential page numbers on all documents. Eg. If you are submitting 30 pages of evidence, the documents must be numbered 1-30.
- Photographs should state the date taken and identify the room to which the photograph relates.

**Step 2**

- Only include documents/photos of direct relevance to the particular item claimed.
- Group together all the relevant evidence in support of each particular item in your claim.
- If the claim relates to cleaning or damage the grouping must be in the order shown in the example below for each item in your claim.

Example

Carpet cleaning      \$200.00      See pages 1-5, 8 - 10

Attach:

1. Relevant pages of the ingoing condition report (labelled ingoing)
2. Relevant pages of the outgoing condition report (labelled outgoing)
3. Relevant photographs ingoing (dated)
4. Relevant photographs outgoing (dated)
5. Quotes/invoices
6. Other evidence

**Step 3**

- Ensure you have fully completed the summary of proofs by identifying the relevant document page numbers for each item in your claim.