



**CLAIM AGAINST THE  
SANTA CLARA COUNTY HOUSING AUTHORITY  
(Pursuant to Government Code §910.4)**

NOTICE: All claims must be presented to the Santa Clara County Housing Authority in accordance with state law. If you need assistance in completing this form, contact legal counsel. Santa Clara County Housing Authority employees are not allowed to provide legal advice. Attach additional pages as needed.

**CLAIMANT INFORMATION**

1. Name of Claimant: \_\_\_\_\_
  
2. Mailing Address of Claimant:  
  
\_\_\_\_\_  
Address City State Zip
  
3. Mailing Address where notices are to be sent (if different than mailing address of claimant):  
  
\_\_\_\_\_  
Address City State Zip
  
4. Telephone Number and e-mail address of Claimant: \_\_\_\_\_
  
5. If Claimant is a minor what is the claimant's relationship to the person completing this form? \_\_\_\_\_

**REPRESENTATIVE INFORMATION**

6. Name of Attorney: \_\_\_\_\_
  
7. Mailing Address of Attorney:  
  
\_\_\_\_\_  
Address City State Zip
  
8. Telephone Number and e-mail address of Attorney: \_\_\_\_\_

**CLAIM INFORMATION**

9. Date(s) of the occurrence or transaction giving rise to the claim asserted: \_\_\_\_\_
  
10. Location of the occurrence or transaction giving rise to the claim asserted, if applicable. (If applicable, include street address, nearest unit number, highway number, milepost number, or direction of travel)  
  
\_\_\_\_\_
  
11. Explain the circumstances of the occurrence or transaction which gave rise to the claim asserted. State all facts that support your claim and why you believe the Housing Authority is responsible for the alleged indebtedness, obligation, injury, damage or loss. (If more space is needed, continue on a separate page).  
  
\_\_\_\_\_

12. Provide a general description of the alleged indebtedness, obligation, injury, damage or loss incurred so far as it may be known at the time of presenting claim. (If more space is needed, continue on a separate page).

13. Dollar Amount of Claim: (if less than \$10,000) as of the date of presenting the claim. (Include the estimated amount of any prospective injury, damage, or loss, insofar as it may be known when the claim is presented).  
\$ \_\_\_\_\_

14. If the amount claimed exceeds \$10,000, no dollar amount shall be included in the claim. However, please indicate whether the claim would be a limited civil case.  Yes  No (Under \$25,000)

15. Name(s) of \_\_\_\_\_ employees causing injury, damage or loss, if known

### CLAIMS INVOLVING MOTOR VEHICLES

16. Insurance Information (complete if claim involves motor vehicle). Has the claim for the alleged damage/injury been filed (or will be filed) with your insurance carrier.  Yes  No

17. Name of Insurance Carrier and Telephone Number (including area code)

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

18. Policy Number: \_\_\_\_\_

19. Are you the registered owner? Yes  No

20. Amount of Deductible: \$ \_\_\_\_\_

21. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**Section 72 of the Penal Code provides that a person found guilty of submitting a fraudulent claim may be punished by imprisonment in the County Jail or State Prison, and/or by the imposition of a fine up to \$10,000.00.**

**Signature of Claimant, or person legally authorized to submit this claim on your behalf.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name of Person Completing Claim

**Submit Claim to:  
Secretary, Board of Commissioners  
Santa Clara County Housing Authority  
505 West Julian Street  
San José, CA 95110**