



QUALIFIED ITEMS: REIMBURSEMENT REQUEST FORM

Date _____ Manor Address: _____ Phone: _____

Requestor Name: _____ Cell/Email: _____

Mailing Address: _____

Resales? Check one: Buyer Seller

FOR OFFICE USE ONLY				
List Item(s) for Reimbursement	STELLAR Number	Reimbursement Maximum	Funds Held	Receipts
<input type="checkbox"/> Kitchen Countertop				
<input type="checkbox"/> Master Bath Countertop				
<input type="checkbox"/> Guest Bath Countertop				
<input type="checkbox"/> Kitchen Floor				
<input type="checkbox"/> Master Bath Floor				
<input type="checkbox"/> Guest Bath Floor				
<input type="checkbox"/> Heat Source				
<input type="checkbox"/> Skylight				
<input type="checkbox"/> Smoke Detector				
<input type="checkbox"/> Landscaping				
<input type="checkbox"/> Other:				
<input type="checkbox"/> Other:				
Notes:				

Complete this document and attach the following:

- (1) receipt(s)
- (2) proof of payment(s)
- (3) Reimbursement Declaration

This package should be submitted:

- *In person* Property Services Desk at the Laguna Woods Village Community Center
- *Via mail* VMS Inc
 Attn: Property Services – Corrections Settlements
 P.O. Box 2220, Laguna Woods, CA 92654-2220