LANDLORD INCENTIVE PROGRAM

The Landlord Incentive Program recognizes the investment of landlords willing to help individuals who need affordable housing. The program offers participating landlords an incentive for working with Community Shelter Board.

- For each 2 bedroom unit committed to our program for a minimum of two years, the landlord receives a $500 incentive payment upon successful lease up.
- For each 3+ bedroom unit committed to our program for a minimum of two years, the landlord receives a $750 incentive payment upon successful lease up.

NEXT STEPS

1. Complete the following information about each unit being pledged to CSB.
2. Email the form to Janae Casto, Community Housing Manager at CSB, jcasto@csb.org.
3. CSB will match your unit with a family in need.
4. After the lease is approved and signed by all parties, complete the payment request form to receive the incentive payment.

If the unit becomes vacant prior to the end of the two-year commitment, this should be made known to Community Shelter Board immediately. These vacancies will be matched with families in need by CSB’s Community Housing Manager.

Landlord name

________________________________________

Landlord address

________________________________________

Landlord phone       Landlord email

________________________________________

Unit address

________________________________________

Number of bedrooms       Date unit is available

Accessibility or other features

Revised: June 2021
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Payment Submission Form

This form is required for each participating unit in the Landlord Incentive Program.

Incentive (check one):      _____ 2 BR unit ($500)   _____ 3+ BR unit ($750)

Are you the (check one):   _____ Owner _____ Property Manager

________________________________________________________
Property owner/property manager name                        Email address:

Owner/property manager mailing address

________________________________________________________
Property name and address/unit #:

________________________________________________________
Lease start date

________________________________________________________
Tenant’s name (if multiple tenants, list the primary tenant):

Signature for Verification
Submitter’s Certificate: The individual signing this voucher warrants they have the authority to do so as authorized and on behalf of the entity identified in the Owner/Property Manager section. The individual signing below certifies under penalty of perjury that the information provided is true. Owner/property manager agrees to make the unit, as listed in property address, available for use only by CSB and its partners for two years from the date of the lease execution.

________________________________________________________
Signature                                                                 Date

Send this completed form and all attachments to:
Janae Casto  jcasto@csb.org
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, OH 43235

CSB Use Only
Approved:_______ DCA Entered:_______ AA Reviewed:_______ HD Released:_______

Date:_______ Date:_______ Date:_______ Date:_______

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<tr>
<th>Check Date</th>
<th>Account</th>
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Revised: June 2021