

HOME4GOOD

LANDLORD RISK MITIGATION FUND Reimbursement Claim Submission Form

The Landlord Risk Mitigation Fund is intended to provide a safety net for landlords in the Franklin County area who house people referred from homeless programs in Franklin County. The Landlord Risk Mitigation Fund supports areas of risk that landlords assume when housing second-chance renters.

Loss includes physical damage to a property beyond normal wear and tear, lost rent up to one month, unpaid utility charges and cleaning and pest extermination in certain cases, in excess of the security deposit. The assistance is capped at the value of 2xFMR for a one-bedroom unit for Franklin County. Landlords with an approved damage claim may not take legal action against the tenant for any damages at any point in the future regardless of the claim's award amount. Claims must be submitted within 60 days of client move out. This form is required for each claim related to reimbursement of loss incurred on a rental unit.

Landlords that housed a tenant referred through one of the homeless assistance programs in Franklin County can submit a claim by completing this form and attaching the following materials:

- A valid IRS Form W-9
- Executed original rental agreement
- A completed move-in condition report signed by landlord and tenant
- Notices sent to tenant for unpaid balances being claimed
- Before and after photos of damages and repairs with descriptions
- Copies of all invoices/receipts for repairs or other loss

Are you the (check one): Owner Property Manager

Property owner/property manager name

Claimant's (your) name

Claimant's email address

Claimant's mailing address

Property name and address/unit #:

Tenant's name (if multiple tenants, list the primary tenant)

Tenant's security deposit amount

Tenant's monthly rent amount

Start date of lease

Move out/Lease termination date

Amount of claim (enter the total value of the claim you are submitting)

Include any additional information that will be helpful in evaluating your claim

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, attachments and totals listed herein are true, honest and proper charges for remedy for loss caused by the tenant(s) listed on this application.

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: _____

Check Date	Account	Project
Funder	Department	