

HOME4GOOD

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 1-2 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

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Payment Submission Form

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

Incentive (check one): _____ 1-2 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 full 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: _____

Check Date	Account	Project
Funder	Department	