



**PARTICIPANT/TENANT:** \_\_\_\_\_

Participant Phone Number (If applicable): \_\_\_\_\_

Participant Alternative Contact Information (If applicable): \_\_\_\_\_

Housing Priority Tool Category \_\_\_\_\_ Full SPDAT Score (if available): \_\_\_\_\_

\_\_\_\_\_ Please check the appropriate assessment: \_\_\_\_\_ Individual \_\_\_\_\_ Family

\_\_\_\_\_ Youth \_\_\_\_\_ **\*Do NOT provide the HPT/SPDAT Tool(s)**

**SUPPORTIVE SERVICES PROVIDER:** \_\_\_\_\_

**Agency:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Supervisor:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I agree, as a service provider of the FM Landlord Risk Mitigation Fund, to provide supportive services to the household while it is enrolled in the Landlord Risk Mitigation program including, but not limited to, the following provisions:

- Provide referrals to tenant education, financial literacy, and basic home maintenance.
- Provide education regarding the tenants' lease.
- Use risk management and harm reduction models to decrease destructive behaviors.
- Provide no less than monthly home visits for the first 12 months of enrollment and quarterly for the remainder of the program.
- Make no less than quarterly contact with the landlord: immediate, if a situation warrants.
- Make contact with the Coalition no less than quarterly (see Quarterly Report).
- If case management services end, make an appropriate referral to ensure continued services during duration of tenant's time on the program.
- Assist tenant and landlord in doing a thorough check-in and check-out procedures, including pictures and documentation of rental unit's condition.
- Assist tenant with ensuring documentation of rent paid and maintenance requests.
- Provide a copy of the lease and inspection form to the Coalition upon completion.
- Obtain signed releases of information for the future landlord/property management company and the Fargo-Moorhead Coalition to End Homelessness.

I HAVE READ AND ACCEPT THE RESPONSIBILITIES OF THE SUPPORTIVE SERVICES PROVIDER

I HAVE INFORMED MY DIRECT SUPERVISOR OF THIS APPLICATION

*By signing I accept the provisions listed above and certify that I work for a government, non-profit, or other service agency that has a history of providing supportive service, coordination, and/or case management services.*

\_\_\_\_\_  
**Signature of the Supportive Services Provider**

\_\_\_\_\_  
**Date**

## Applicant Information

*This is to be filled out by the service provider with the tenant*

**Head of Household:** \_\_\_\_\_

*SCRIPT: Please answer the following questions to the best of your ability. You may refuse to answer any question. This information is for service connection and the LRMF Advisory Board and will not be shared with any landlord or property management company. This information may be used to match applicants with potential rental units.*

<b>1a. Is this household currently homeless?</b>	<b>Y</b>	<b>N</b>	
<b>1b. Where are you currently residing?</b> (Circle county and include address/agency)	<b>Cass Clay</b>		
<i>US Health &amp; Human Services: A homeless individual is defined in section 330(h)(5)(A) as “an individual who lacks housing (without regard to whether the individual is a member of a family), including an individual whose primary residence during the night is a supervised public or private facility (e.g., shelters) that provides temporary living accommodations, and an individual who is a resident in transitional housing.” A homeless person is an individual without permanent housing who may live on the streets; stay in a shelter, mission, single room occupancy facilities, abandoned building or vehicle; or in any other unstable or non-permanent situation. [Section 330 of the Public Health Service Act (42 U.S.C., 254b)]</i>			
<i>NOTE: There are many definitions of “homeless” depending upon location and agency. Please ensure an answer to question 1b in order to allow the LRMF Advisory Board to make an appropriate determination.</i>			
<b>2. Are you a Veteran?</b>	<b>Y</b>	<b>N</b>	
<b>3. How many adults (anyone 18+) are in the household?</b>	<b>1</b>	<b>2</b>	<b>3 4 5</b>
<b>List name of other adults (anyone 18+):</b>			
<b>4. How many children are in the household?</b>	<b>0</b>	<b>1</b>	<b>2 3 4 5</b>
<b>5. Is this a youth-headed household?</b>	<b>Y</b>	<b>N</b>	
<b>6. Is anyone in the household currently pregnant?</b>	<b>Y</b>	<b>N</b>	
<b>7. What size unit does the family qualify for (bedrooms)?</b>	<b>1</b>	<b>2</b>	<b>3 4 5</b>
<b>8. How long has this household been searching for housing?</b>			

Check the most correct answer:	Yes	No
<b>9. Has this household been denied for housing in the last year?</b> Provide explanation below.		
<b>10. Do you have a cosigner or are you able to find one?</b>		
<b>11. If housed, would you be able to pay rent?</b>		
<b>12. Do you have a voucher?</b>		
<b>13. Do you have any past court evictions?</b> If yes, how many? _____		
<b>14. Do you have poor credit?</b>		
<b>15. Do you lack a credit history?</b>		
<b>16. Do you have any positive landlord references?</b>		
<b>17. Do you have any negative landlord references?</b>		
<b>18. Do you owe any landlord money?</b> If yes, how much? _____ If yes, is it a public housing agency? Please explain.		
<b>19. Do you owe any utility company money?</b> If yes, how much? _____		
<b>20. Do you have any misdemeanors?</b> If yes, how many? _____ If yes, how long ago was the most recent? _____		

Applicant information continued...

<b>21. Do you have any felonies?</b> If yes, how many? _____ If yes, how long ago was the most recent? _____		
<b>22. Have you ever been convicted of any violent, sexual, drug, or arson crime?</b> If yes, please explain.		
<b>23. Do you have to register as a predatory offender?</b>		
<b>24. Are you currently fleeing domestic violence?</b>		
<b>25. Have you ever moved out of an apartment without notice or warning?</b> If yes, how many times? _____		
<b>26. Does the household need special housing accommodations? (examples: no stairs, flashing smoke detectors, roll-in showers, etc.)</b> Provide explanation below.		
<b>27. Does the household have any pets?</b> If yes, is the pet considered a service animal or reasonable accommodation?    Y    N		

If answered "Yes" to question 9 or 26 please provide explanation/additional information:

## Service Provider Questions

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*This is to be filled out by the supportive service provider.*

The Landlord Risk Mitigation Fund Advisory Board requests the following information from the supportive service provider as a part of assisting them in understanding the applicant's need and the service provider's role in the housing stability of the prospective participant. Please answer the following questions. Additional pages or documentation can be attached separately if necessary.

What barriers does the prospective participant have?

Why does the prospective participant need the Landlord Risk Mitigation Fund?

How are you going to support the prospective participant as a tenant?

Other relevant information you'd like to add:

**Participant Release of Information  
& Program Agreement**

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*This is to be filled out by the applicant (prospective participant).*

I, **(Head of Household)** \_\_\_\_\_, certify the information provided in this application is complete and true to the best of my knowledge. I understand this application is used by the Fargo-Moorhead Landlord Risk Mitigation Fund to determine my eligibility and my personal information will be shared with the Landlord Risk Mitigation Fund Advisory Board in order to make this determination.

I understand, if approved, I must maintain regular contact with a supportive services provider of my choice while being a participant in the Landlord Risk Mitigation Fund. I understand if I choose to terminate services and do not obtain a new service provider within 30 days, I will be withdrawn from the fund which may/may not violate my lease agreement.

I understand my authorization will remain effective from the date of my signature until 60 days after the date of my exit from the Landlord Risk Mitigation Fund. I also understand I may see any shared information, and that I may revoke authorization at any time by written communication to my supportive service provider or the Fargo-Moorhead Coalition to End Homelessness.

The Landlord Risk Mitigation Fund will be unable to make an eligibility determination without receiving a signed release of information. Therefore, refusing to consent to this release of information will result in your household being ineligible for the fund.

By signing below, I authorize \_\_\_\_\_, my Supportive Services Provider, to release my personal information and any additional information needed by the Landlord Risk Mitigation Fund Advisory Board for the purpose of providing assistance to my household, as an applicant or participant.

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**Signature of the Head of Household**

**Date**



### **Application Process for the Service Provider**

1. Complete the Application (LRMF02). Application filled out by service provider not the applicant (prospective participant). However, the service provider should interview the applicant to obtain the Applicant Information portion on pages 2-3.
2. Send application to FM Coalition program administrator (program.admin@fmhomeless.org) to be reviewed by the LRMF Advisory Board.
3. Upon approval, receive Certificate of Acceptance (LRMF03) from program administrator.
4. Assist Participant in finding housing.
5. If the participant does not find housing within 90 days of approval, request renewal of the Certificate.
6. Locate a landlord/property manager willing to rent to the participant within the policy of the LRMF program.
7. Provide the Landlord/Property Manager with a copy of the Certificate and the Landlord Information Sheet.
8. Within 14 days of participant housing approval send the following documents to the Coalition:
  - a. A copy of the Lease and Move-In Inspection.
  - b. Photos of the pre-move in state of the unit.
  - c. Signed Release of Information.
  - d. Signed agreements from both landlord and service provider.
9. Conduct monthly home visits for the first 12 months, then quarterly for the remainder of the program.
10. Complete Quarterly Reports and submit to program manager at the end of every quarter (or any other appropriate time an update is needed).
11. In the event of a claim, provide the landlord with Claim Packet (obtained from the program manager). In the claim process, advocate for the participant and seek to maintain positive relations with the landlord for the sake of the current participant and future participants.

### **Additional Program Information**

- As the service provider, your role is crucial to the housing stability of the participant and overall program relations with the landlord.
- As the service provider, you are the primary representative of LRMF to the landlord in helping them understand the program and in building a successful relationship between them and the tenant. Please be knowledgeable about policies and program information. If you are unsure about anything, please don't hesitate to ask the Coalition's program staff for additional assistance.
- Landlord Risk Mitigation forms are labeled in the footer: **LRMF##.MMDDYY**
  - ## – *form number*
  - MMDDYY – *version note by the date form was brought online or approved*