

**Overview**

Before a claim is filed, landlords must **contact the tenant directly** and follow procedures used for any tenant. If issues continue, **contact the tenant’s supportive service worker** as soon as possible for assistance in resolving the issue. If the tenant defaults on their lease or damages the property in excess of the damage deposit, contact the supportive service worker and complete this claim packet.

Please review claim instructions and information on page 2 of this packet before completing and submitting it for review. Consult the tenant’s service provider and/or LRFM program staff with questions or clarifications. LRMF Advisory Board reviews claims once a month and is due on/by the first business day of the month. The Advisory Board will not review claims until complete with the required accompanying material. Claims must be submitted to LRMF within 60 days from the time the damage or loss occurred. (An exception to this requirement is if pending insurance determination that would prevent the claim form from being complete. In these instances, LRMF must be notified of the intent to file a claim within 60 days of the occurrence.) Payments will be issued within 30 business days of the completed application submission and advisory board approval.

**Property Information**

Property Name:		Primary Contact:	
Address/Unit:		Email:	
City/State/ZIP:		Phone:	
Tenant:			

**Claim Request**

Total Amount of physical costs for claim:	\$
Total amount of operational costs for claim:	+ \$
Reduction of reimbursement from other sources: (collected rent, insurance, deposit, other)	- \$
<b>Reimbursement amount requested:</b>	<b>\$</b>

<b>In Office Use Only</b>
Date Received: _____
Received by: _____

*By signing below, I submit this claim for review, certifying that all costs for which reimbursement is requested are actual costs and are not being reimbursed from other sources and are allowable by program policy.*

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**Printed Name** **Signature of the Landlord (property owner or manager)** **Date**

**Payment Information**

Pay to the Order of:	
Mailing Address:	
City/State/ZIP:	

<b>In Office Use Only</b>
Date Approved: _____
Amount Approved: _____
300-5800



# Landlord Risk Mitigation Fund Claim Instructions and Information Sheet

## Qualifying Expenses

The Landlord Risk Mitigation Fund will reimburse up to \$3,000 for physical and operational losses for up to two years after move-in. The fund could cover the following expenses:

- Damages caused by the tenant, beyond normal wear and tear to the unit, that exceeds the security deposit.
- Up to two months of rent non-payment, if the tenant does not vacate the apartment in good standing.
- Court costs and attorney fees where necessary, up to \$500, to terminate a tenancy and remove a participant for nonpayment of rent or other serious and repeated violations of the lease in accordance with state law.  
(Landlords seeking reimbursement must provide evidence that they took reasonable steps to avoid eviction and that a legal proceeding was necessary to avoid greater financial hardship).

## Claim Documentation

Please provide appropriate supporting documentation for the Landlord Risk Mitigation Fund Advisory Board in order for your claim to be processed:

- Brief explanation of the reason for the claim request.
- Brief explanation of what occurred and what actions were taken to limit losses (**operational loss only**)
- Standard move-out accounting and documentation used to make claims against security deposits
- Resident Ledger
- Description, work order, or estimates/bids of repairs including:
  - Materials and labor
  - Quantities
  - Unit prices
  - Labor
- Receipts
- Photos (if applicable)
- Standard move-out accounting and documentation

## Before Submitting a Claim

Has the Services Provider been contacted by the landlord?	YES	NO
Is the Services Provider participating in the resolution of the issue(s) related to the claim?	YES	NO
Are you legally evicting the LRMF Certified Tenant?	YES	NO

*By signing below, I certify that I have reviewed this document. I understand the claim will not be reviewed if not signed.*

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**Printed Name**

**Signature of the Landlord**

**Date**