

Tenant-Landlord Mediation Pilot Project

REQUEST FOR MEDIATION

For Office Use Only

Case No.: _____

Date Received: _____

Received by: _____

Mediation: Accepted Denied

Landlord:

First Name:		Last Name:	
Address:		City:	Zip:
Phone:	Cell:	Email:	

Tenant:

First Name:		Last Name:	
Address:		City:	Zip:
Phone:	Cell:	Email:	

Eligibility:

- Tenant is "low" or "very low" income
- Tenant (or member of tenants household) is disabled

Primary Reason for Dispute:

- Security Deposit
- Noise
- Lease Agreement
- Late Rent
- Maintenance
- Cleanliness
- Other (please list) _____

Have you talked to the other party about the issue?

- Yes
- No

If you answered no, you must make an attempt at solving the issue on your own before the program will consider your request. If you answered yes, please continue to the next question.

Briefly describe the situation:

Please list what your primary concerns are:

Please list what you think the opposing party's concerns are:

Do you or the other party require any of the following concessions for a disability or language barrier?

- Handicap accessible location for meeting**
- Advocate**
- Translator (please list language/dialect)** _____

Before submitting this request for mediation, be sure you:

- Attach a copy of any contracts and other documents important to this matter. If there is a lease agreement in place, please submit also.
- Read our Mediation brochure and understand the mediation process and agree to the rules that apply to mediation.

Submit completed request to:

SENDCAA	Phone: 701-232-2452
3233 S. University Dr.	Fax: 701-298-3115
Fargo, ND 58104	

By signing below, I give permission to Community Action and to anyone involved with the Mediation Project to release and share information with my landlord (if you are the tenant) or with my tenant (if you are the landlord). The information discussed will be pertinent to the issue to be mediated.

Request submitted by:

Printed Name

Signature

Date