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| Landlord Risk Mitigation FundClaim Form Property/Landlord Name: Contact Name:       Phone:       Email:       |
| The maximum amount of financial coverage per unit is $5,000. This may include any combination of financial losses associated with damages, unpaid rent, or vacancy losses. The landlord must attempt to collect financial losses from tenant prior to submitting a Claim Form. This may be documented by providing a copy of the letter sent to the tenant following move out inspection. If the tenant does not promptly make payment arrangements, the Claim Form can be submitted to LRMF@montgomerycountymd.gov. The form must be submitted within 45 days of the tenant vacating the unit. Please include all required supporting documentation with your claim. | Tenant Name:       Unit Address:       Date of Move-in: Click or tap to enter a date.Date of Move-out: Click or tap to enter a date.Security Deposit Paid:       Total Financial Losses:       Total Financial Losses Less the Security Deposit:      Total Claim Request       |
| Damages  | [ ] Copy of letter sent to tenant in effort to recover damages, unpaid rent, and vacancy loss[ ] Copy of move-out inspection report[ ] List of itemized deductions charged for damages and estimates[ ] Receipts or invoices for any repairs for which you are requesting reimbursement for damages (include forwarded pictures of actual receipts from repairs) |
| Unpaid Rent | [ ] Copy of notice to vacate[ ] Tenant rent payment ledgerDate the unit became vacant: |
| Action  | [ ]  Claim Approved Amount Approved:       [ ] Claim Declined  |
| Notes  |  |