

Landlord Risk Mitigation Fund

Claim Form

Property/Landlord Name:

Contact Name:

Phone Number:

Email Address:

The annual limit of financial coverage per participating tenant is \$5,000. The lifetime limit of financial coverage per participating tenant is \$10,000. This limit may include any combination of financial losses associated with property damages, unpaid rent, or vacancy losses. The landlord will attempt to collect financial losses from the tenant prior to submitting a Claim Form. If the tenant does not make payment arrangements within 10 business days, the Claim Form can be submitted to Landlord Risk Mitigation Fund for reimbursement consideration. The landlord must include all required supporting documentation with the claim as documented in this form, the landlord agreement, and program policies.

Date of Request:

Tenant Name:

Unit Address:

Term of Lease:

Date of Move In:

Date of Move Out:

Date of Lease Renewal:

Security Deposit Paid:

Security Deposit Interest Earned:

Security Deposit Amounts Applied:

Total Financial Loss Less Security Deposit:

<p>Please include the following items with your claim request:</p>	<p>Total Claim Request: _____</p>
<p>For unpaid rent:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Date the unit became vacant. <input type="checkbox"/> Copy of notice to vacate, if applicable. <input type="checkbox"/> Copy of letter sent to tenant in effort to recover damages, unpaid rent, and/or vacancy loss. This document does not require filing for a formal eviction. <input type="checkbox"/> Current tenant rent payment ledger to include verification of how security deposit and security deposit interest or other financial resources were applied. <input type="checkbox"/> Copy of landlord’s insurance claim information and payout documents, if applicable.
<p>For physical damage to the unit in accordance with <i>DHCA OLTA “What is Ordinary Wear and Tear?”</i> guidelines:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of notice to vacate, if applicable. <input type="checkbox"/> Copy of letters sent to tenant in effort to recover damages, unpaid rent, and/or vacancy loss. This document does not require filing for a formal eviction. <input type="checkbox"/> Receipts or invoices for any repairs for which landlord is requesting reimbursement that includes a list of itemized charges for damages and estimates. <input type="checkbox"/> Verification of how security deposit and security deposit interest were applied, if applicable. <input type="checkbox"/> Copy of landlord’s insurance claim information and payout documents, if applicable. <input type="checkbox"/> Detailed description of damage to the unit caused by the tenant including explanation for how the damage is attributable to the tenant and is beyond normal wear and tear.

Landlord Certification:

Landlord Certification: I hereby certify the accuracy of the included information ensuring it is aligned with the policies and procedures of the Landlord Risk Mitigation Fund (LRMF). I acknowledge that LRMF and SEPH maintain no liability and that payment is contingent upon approved claim amount to the extent of available funds in the program.

Landlord Signature: _____

Name/Address for Payment of Claim:

Claim Status:

Claim Approved- Full Amount Approved: _____

Claim Approved- Partial Amount Approved: _____

Reason: _____

Claim Denied Denial Reason: _____

Date: _____