

LANDLORD RISK MITIGATION ENROLLMENT FORM

LANDLORD INFORMATION

Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____

TENANT INFORMATION

Name _____
Address _____
City, State ZIP _____
Phone _____
Email _____

HOUSING PROGRAM INFORMATION

Provider Name _____
Program Name _____
Program Contact Person _____
Phone _____
Email _____
Move in Date _____

ENROLLMENT PROCESS AND HOW TO SUBMIT A CLAIM

By completing the information above, you will be enrolled in the Landlord Risk Mitigation Fund and may be entitled to any damage or loss of income caused by the above tenant. This form **MUST BE ACCOMPANIED BY A DETAILED MOVE IN INSPECTION FORM** that may also include pictures or video evidence of the current condition of the apartment. Enrollment and Inspection forms must be e-mailed to landlordfund@alleghenycounty.us. Claims for damage must be submitted to the Allegheny County Department of Human Services (DHS) at landlordfund@alleghenycounty.us and verified by the Participating Landlord and the Service Provider with supporting documentation. Landlords may also make a claim to the fund for unpaid rent (up to one month) due to abandonment by the tenant. Claims cannot exceed \$3000 per unit and must be made no later than 3 years after the move in date. Landlords may also enroll multiple units if they have housed multiple program participants within their portfolio, but a list of those units and inspection forms must accompany each participant at their initial move in. Unfortunately, we cannot retroactively enroll tenants into this program. If you have any questions, please call the Program Administrator at (412) 350-5606

LANDLORD ACCEPTANCE

I certify that the information provided above is accurate and agree to follow the process outlined above when making any claims against the Landlord Risk Mitigation Fund.

Submitted by (Company Representative)

Date

PROVIDER ACCEPTANCE

I agree with the information submitted above, have inspected the unit along with the landlord and program participant (tenant) and verify its condition as outlined in the attached inspection form. **I also agree to conduct monthly site visits to the unit as part of this acceptance.**

Submitted by (Provider representative)

Date