



MTW Landlord Incentive Program CLAIMS & APPLICATION FORM

This form provides the Rockford Housing Authority (RHA) with the information needed to determine eligibility for incentives under the Landlord Incentive Program. The RHA shall certify whether the information provided is accurate and correct. Disbursement of any payment made under this program is subject to the availability of funding.

01. RENTAL UNIT INFORMATION			
Current/Previous Tenant (Full Name):			
Address:		Apt/Rm/Ste No:	
City:	State: HI	ZIP Code:	
Number of Bedrooms:	Monthly Rent:		
Number of Bathrooms:	Security Deposit:		

02. PROPERTY OWNER INFORMATION		
Owner Name:		
Phone:	Email:	
Address:		Apt/Rm/Ste No:
City:	State: HI	ZIP Code:

03. PROPERTY MANAGER INFORMATION	☐ Check if a property manager is NOT used.
Company Name:	
Contact Person:	

Phone:	Email:	
Address:		Apt/Rm/Ste No:
City:	State: HI	ZIP Code:

04. PAYEE INFORMATION

The RHA -shall NOT make any determination as to who the payee of the qualifying landlord incentive(s) shall be. This decision is at the discretion of the property owner and the landlord/property manager. The RHA shall disburse an incentive payment in accordance with the parties' mutual agreement.

Select the payee for the incentive payment (check one box only):

- ☐ Property Owner
- ☐ Landlord / Property Manager

Payee's Tax Identification Number (TIN):

05. PREVIOUS SECTION 8 TENANT (if applicable)

Head of Household (Full Name):

Phone:

Email:

06. TENANT CAUSED DAMAGES

- ☐ **Tenant Caused Damages Reimbursement** – covers damages up to one (1) month's rent. This reimbursement covers damages up to one (1) month's rent in excess of the security deposit for which the tenant has not otherwise reimbursed the landlord. Normal 'wear and tear' is not an allowable expense.

Description of damages:	
Security Deposit:	
Total Amount of Tenant Caused Damages: (do not deduct security deposit)	

06. TENANT CAUSED DAMAGES (cont.)**Attach the following¹:**

- ☐ Verification of initial security deposit received, including an itemized list of deductions of costs for previous repairs, if any.
- ☐ Complete itemized list of damages with receipts, invoices, or other documentation showing nature, extent, and cost of repairs.
- ☐ Evidence that tenant caused damages – including time dated photographs of move-in/move-out conditions and move-in/move-out inspection checklists.
- ☐ Court ordered decision finding tenant responsible for unit damage, if applicable.

Note: A owner/landlord performing repairs themselves shall only be reimbursed for materials used.

07. RECRUITMENT INCENTIVES*Note: Select ONE incentive only*

- ☐ Signing Bonus Payment – reimbursement of 1,000.00
A new owner/landlord who is initially participating in the HCV program.
- ☐ Signing Bonus payment reimbursement of new units by current HCV landlord- \$500.00 per unit to a maximum of five (5) Units
- ☐ Signing Bonus payment reimbursement of new units by new landlord- \$250.00 per unit to a maximum of five (5) units.

08. DISCLOSURES AND CERTIFICATIONS

Damage Claims (if applicable)

I understand that the Tenant Caused Damages Reimbursement Incentive shall only approve payments for unreimbursed expenses. If I am reimbursed by an insurance company, the tenant, or any other source, I will reimburse the RHA.

Certification

By signing this form, I certify that all the information provided above is true, correct, and complete to the best of my knowledge, and will be relied upon for purposes of determining eligibility for the landlord incentive programs. Any misstatement or false statement may result in denial / loss of reimbursement. In addition, I understand that any misrepresentation in my statements may be considered to be fraud. Warning: Title 18 Section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

PROPERTY OWNER (OR AUTHORIZED REPRESENTATIVE)**X****Date:****Print Name:**

**Submit completed Claims Forms to:
RHA 223 S. Winnebago St. Rockford, IL 61102**

For RHA Administrative Purposes Only	Total Balance Due:	
Claim ID No.		