

Risk Mitigation Pool Claim Form

Date Submitted: _____

Owner Information:

1. Building Owner: _____ Owner's EIN#: _____

2. Building Sponsor or General Partner: _____

3. Mailing Address: _____

4. City: _____ State: _____ Zip: _____

5. Contact Person: _____ Title: _____

6. Phone: _____ Fax: _____ E-mail: _____

7. Address to send reimbursement check: _____

8. City _____ State: _____ Zip: _____

Property for which claim is being requested:

9. Building Name: _____

10. Property address: _____ Unit #: _____

11. Zip: _____ Tenant rent at move-out: _____ Per: _____

12. Tenant name(s): _____

13. Move-in date: _____ Move-out date: _____

Certification as eligible unit:

14. Does applicant hereby certify that this unit was designated as a Permanent Supportive Housing unit, covered by the Risk Mitigation Pool, prior to occupancy by this tenant? Yes [] No []

Cause of claim:

15. Briefly describe what happened to unit: _____

Total Losses:

16. Cost of Excessive Physical Damage + _____
17. Supervision of repairs (5% of line 16) + _____
18. Excessive Operational Losses + _____
- 19. Total Requested, (before adjustments)** = _____
(Line 16 + Line 17 + Line 18)

Adjustments to request:

A. Less Funds Received from Tenant

20. Refundable tenant deposits collected: + _____
21. Prior claims against tenant deposits: -- _____
22. Successful collections from tenant + _____
(In addition to deposit)
- 23. Total received from Tenant, Reducing Claim** = _____
(Line 20 -- Line 21 + Line 22)

24. Describe the steps you have taken to collect the amount owing from the tenant: _____

B. Less Other Deductions

25. RMP deductible. + _____
(\$350 on operational claims, 475 on physical claims. Maximum \$475)
26. Value of reimbursements from other funds: + _____
27. Source of other funds. _____
- 28. Total RMP Deductible and reimbursement from other funds** = _____
(Line 25 + Line 26)

C. Less Insurance Claims, Net to Owner

29. Are you filing an insurance claim? Yes [] No [] If yes, skip to line 31

30. Is part of the damage eligible for reimbursement from your insurance company and you are not filing a claim? Yes [] No [] If no, skip to line 36

31. Is the after-deductible amount available from an insurance claim greater than \$3,000? Yes [] No [] If no, skip to line 36

32. Amount eligible from an insurance claim: + _____

33. Amount of insurance deductible: -- _____

34. Amount of insurance claim (zero if no ins. claim) + _____

35. Amount of insurance deductible (zero if no claim) -- _____

36. Total from insurance claim (or eligible and over \$3,000) = _____
(Line 32 – Line 33 or Line 34 – Line 35)

37. Total amount requested after adjustments
Line 19- Line 23- Line 28- Line 36

= _____

38. Maximum allowable claim amount _____
(For SRO units use \$7,500, Studio units use \$9,000, for 1 br use \$10,000, for 2+ br use \$14,500)

39. Amount of this claim: (smaller of line 37 or 38) _____

I hereby certify that the above information is true and that the figures included are actual costs. If any of the costs are estimates I have indicated that fact on this form.

Signature of Applicant: _____ Date: _____

Attachments: **Check if applicable and attached**

Attachment A: Physical Damage forms _____

Attachment B: Operational Claim _____

Documents Required:

| General | Physical Claims | Operational Claims |
|---------------------------------|------------------------------|--------------------------|
| Rental Agreement _____ | Itemization of Costs _____ | Aged Receivables _____ |
| Agreement with other _____ | Move-in Condition Form _____ | Evidence of F.E.D. _____ |
| Guarantee fund _____ | Bids or Invoices _____ | Collection Letter _____ |
| Insurance Claim _____ | Work Order _____ | |
| Certification as PSH Unit _____ | Construction Contract _____ | |
| Move-out accounting _____ | | |