

Attachment B

**Risk Mitigation Pool
Operational Damage Itemization**

Owner Name: _____

Property Address: _____

Date: _____

Rent Loss:

Total days vacant for repairs and leasing to a qualified PSH tenant
Less standard number of days required for repair and re-leasing
Excess vacancy days (if negative, enter 0)

60
0

Stated rent at move-out
Daily rent amount

\$0.00
\$0.00

Rent Loss: Daily rent times excess days of vacancy

Operating Expenses Losses: List reason and amount below.

Total Operational Expenses	\$0.00

Total Excessive Rent Loss and Operational Expenses

\$0.00
