



MTW Landlord Incentive Program CLAIMS & APPLICATION FORM

This form provides The Greenville Housing Authority (TGHA) with the information needed to determine eligibility for incentives under the Landlord Incentive Program. TGHA 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	<input type="checkbox"/> 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 TGHA shall NOT determine the payee of the qualifying landlord incentive(s). This decision is at the discretion of the property owner and the landlord/property manager. TGHA 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 – TGHA will pay eligible damage expenses which total the lesser of the actual costs to repair the damages less the tenant security deposit not otherwise applied to other charges, or two (2) months contract rent. 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.)
<p>Attach the following¹:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Verification of initial security deposit received, including an itemized list of deductions of costs for previous repairs, if any. <input type="checkbox"/> Complete itemized list of damages with receipts, invoices, or other documentation showing the nature, extent, and cost of repairs. <input type="checkbox"/> Evidence that tenant caused damages – including time-dated photographs of move-in/move-out conditions and move-in/move-out inspection checklists. <input type="checkbox"/> Court-ordered decision finding tenant responsible for unit damage, if applicable. <p><i>Note: A owner/landlord performing repairs themselves shall only be reimbursed for materials used.</i></p>

07. RECRUITMENT INCENTIVES	<i>Note: Select ONE incentive only</i>
<p><input type="checkbox"/> Signing Bonus Payment – For a new owner/landlord who is initially participating in the HCV program or has not participated in the HCV program within the past three (3) years. The incentive payment will be the lesser of one (1) month’s contract rent or \$1,000.00 and will be paid upon execution of a Housing Assistance Payment Contract. The one-time incentive will be paid directly to the new Owner and not to the Landlord or Property Management.</p>	
<p><input type="checkbox"/> Signing Bonus - Payment reimbursement of new units by current HCV landlords. The incentive payment will be equal to one (1) month’s contract rent and will be paid upon execution of a Housing Assistance Payment Contract with a maximum of five (5) Units.</p>	
<p><input type="checkbox"/> Signing Bonus - Payment reimbursement of new units by the new landlord- \$250.00 per unit to a maximum of five (5) units.</p>	

08. DISCLOSURES AND CERTIFICATIONS

<p>Damage Claims (if applicable) I understand that the Tenant Caused Damages Reimbursement Incentive shall only approve payments for unreimbursed expenses. If reimbursed by an insurance company, the tenant, or any other source, I will reimburse TGHA.</p> <p>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.</p>	
<p>PROPERTY OWNER (OR AUTHORIZED REPRESENTATIVE)</p> <p>X</p>	<p>Date:</p>
<p>Print Name:</p>	

**Submit completed Claims Forms to
 TGHA, 122 Edinburgh Court, Greenville SC 29607**

For TGHA Administrative Purposes Only	Total Balance Due:	
Claim ID No.		
LIP TIN/SSN Ending in: _____ TGHA Rep. _____ Date: _____		LIP ___ Approved or ___ Denied <i>If approved, attach check request and forward to TGHA Finance Dept.</i> <i>If denied, state ineligible reason:</i>