

TGHA MOVE TO WORK LANDLORD INCENTIVES

NEW LANDLORD PARTICIPATION INCENTIVE PAYMENT

The Greenville Housing Authority will provide an incentive payment to new landlords that have not previously participated in the Housing Choice Voucher Program. The incentive payment will be equal to one month's contract rent and will be paid upon execution of a Housing Assistance Payments Contract. The incentive applies to first time landlords or landlords that have not participated with TGHA in five or more years. Each unit that the landlord contracts with TGHA for is eligible for an incentive, during the first year of participation.

VACANCY LOSS

The Greenville Housing Authority will provide a vacancy payment to landlords in Tenant Based Voucher Program when the landlord rents to another voucher participant following the move out of a previous voucher participant.

The vacancy period will begin at the end of the month for the month in which the assisted tenant vacates the property and continue until the HAP contract effective date for a new assisted tenant. The amount of the vacancy payment will be the lesser of the actual vacancy days or one month contract rent for the new HAP contract. A maximum of one months contract rent can be paid as vacancy loss. Payment will be made to the landlord at the time of the first payment under the new HAP contract.

DAMAGE CLAIMS

The Greenville Housing Authority will provide payments to landlords for tenant caused damages. The security deposit paid by the tenant shall first be applied to the amount of the cost of damages. (one months contract rent will be deducted as security deposit as the landlord should have collected a deposit) The total amount of damages to be paid by TGHA will be the lesser of the actual costs to repair the damages less the tenant security deposit not otherwise applied to other charges or two months contract rent. Please provide supporting documentation to support your claim (e.g. invoice, receipts, etc.).

For More Information please visit: WWW.TGHA.NET



RENTAL UNIT INFORMATION			
New Applicant/ Tenant (Full Name):			
Address:			Apt/Rm/Ste No:
City:	State:	ZIP Code:	
Number of Bedrooms:	Monthly Rent:		
Number of Bathrooms:	Security Deposit:		
PREVIOUS HCV TENANT <i>(if applicable)</i>			
Head of Household (Full Name):			
Phone:		Email:	
PROPERTY OWNER/MANAGER INFORMATION			
Owner Name:			
Phone:		Email:	
Address:			Apt/Rm/Ste No:
City:	State:	ZIP Code:	
PAYEE INFORMATION			
TGHA will make an incentive payment to the owner associated with the HAP contract.			
<input type="checkbox"/>			

Select the Applicable Incentive Below (check box below)	
<input type="checkbox"/> Tenant Caused Damages Reimbursement – The Greenville Housing Authority will provide payments to landlords from the damages caused by the tenant.. The security deposit equal to one months rent that should have been collected by the landlord shall first be applied to the cost of damages. The total amount of damage to be paid by TGHA will be less than the actual cost to repair the damage less the security deposit not otherwise applied to other charges or two months contract rent.	
Security Deposit:	
Total Amount of Tenant Caused Damages:	
<input type="checkbox"/> Vacancy Loss – The Greenville Housing Authority will provide vacancy payment to landlords under the HCV program when the landlord rents to another voucher participant following the move out of a previous voucher holder. The amount of the vacancy payment will be lesser of the actual vacancy days or one month contract rent for the New Hap Contract.	
<input type="checkbox"/> Signing Bonus Payment – Equals One Month of Contract Rent A new owner/landlord who is initially participating in the HCV program	

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 TGHA.

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 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)		Date:
X		
Print Name:		
For TGHA Use:		
New HAP Contract Executed Date:		
Verified By:		
Incentive Amount:		
Approved By:		
Supervisor:		

Submit completed Claims Forms to:

Attention:

Landlord Liaison

TGHA

122 Edinburgh Court

Greenville, SC 29607

(Fax) 864.467.2613

(E-mail) landlord@tgha.net