

Landlord Incentive Program Claim Form

This form provides DCA with basic information we require to determine your property's eligibility for the landlord incentive program. It also certifies that the information you provide is correct and authorizes our organization to verify the information required to determine your eligibility. Funds will only be dispersed to the party listed on the Housing Assistance Payment (HAP) Contract.

To be eligible to receive funds, landlords must complete this DCA form and agree to continue renting the unit in question (or another comparable unit, with approval from DCA) to a voucher holder for one year from the date the payment is made. The maximum amount of assistance will not exceed \$3,500.

| RENTAL UNIT INFORMATION | | | |
|-------------------------|----------------------------|----|-----------|
| Street Address: | | | Apt No: |
| City: | | GA | ZIP Code: |
| Number of bedrooms: | Monthly rent: | | |
| Number of bathrooms: | Standard security deposit: | | |

| PROPERTY OWNER INFORMATION | | | |
|---|--------|-----|-------------------------------------|
| Owner Name: | | | |
| Owner Contact Person (if not same as above): | | | |
| Phone: | Email: | | |
| Street Address: | | | Apt/Ste No: |
| City: | State: | | ZIP Code: |
| Note: This address must match the information on the W-9. | | | |
| | | | |
| PROPERTY MANAGER INFORMATION | | Che | eck if not using a property manager |
| Company Name: | | | |

| Contact Person: | | | |
|-----------------|--------|--------|-------------|
| Phone: | Email: | | |
| Street Address: | | | Apt/Ste No: |
| City: | | State: | ZIP Code: |

Complete this section for Risk Mitigation Only

The Risk Mitigation fund is a flexible fund that may provide financial assistance to mitigate various types of risks incurred by landlords participating in subsidy programs. Risk Mitigation funds may reimburse eligible landlords when, by no fault of the landlord, there is a financial loss associated with a tenancy (e.g., excessive damages to a unit, tenant abandons the unit, or other situations considered on a case-by-case basis).

Description of Damages:

Provide the following supporting documentation:

- Documentation of damage
- Copy of the insurance claim/filing
- o Copy of the lease or other documentation showing the security deposit
- Documentation of estimate for repair

Amount Requested for Damages \$_

Total Amount deducted from Security Deposit.

Amount Requested from DCA minus the security deposit

| INCENTIVES |
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If you require an upfront security deposit, you may submit one claim for a security deposit and a second claim after move-in for other incentives.

| | New Landlord Bonus - \$250.00 The funds will be automatically applied. DCA staff will verify that the owner has not already claimed this incentive. One-time payment of \$250 for a new landlord who has not participated as a landlord in the HCV program within the last twelve (12) months. | | |
|---------|---|--|--|
| | Welcome Back - \$250.00 A one-time payment of \$250 for a landlord who has left the HCV program in the last twelve (12) months and any previous HAP Contracts were not terminated due to an abatement. | | |
| | Broker/ Finder's fee DCA will pay a one-time payment of fifteen (15%) percent of the agreed contract rent to authorized brokers and real estate agents who assist voucher holders with securing housing. DCA will disburse the payment at the execution of the Housing Assistance Payment (HAP) Contract. | | |
| | Security Deposit DCA will pay up to one month of DCA's approved contract rent listed on the HAP Contract. The application must be submitted and signed by the tenant and landlord | | |
| | First of the Month Move Incentive - \$250.00 | | |
| Have yo | ou already collected a security deposit? If Y N If yes, how much? | | |

| - | RED DOCUMENTS attach the following documents with your application. |
|---|---|
| | W-9 Form The form must be completed and signed by the legal owner of the property. |
| | Signed Lease |

DISCLOSURES AND CERTIFICATIONS

DCA Disclosure Statement

DCA will provide new, past, and current landlords with the following incentives. Once the funding runs out, the incentives will no longer be available until the next fiscal year. The Risk Mitigation Fund is a flexible fund that may provide financial assistance to mitigate various risks incurred by landlords participating in subsidy programs. Risk Mitigation funds may reimburse eligible landlords when, by no fault of the landlord, there is a financial loss associated with a tenancy (e.g., excessive damages to a unit, tenant abandons the unit, or other situations considered on a case-by-case basis).

For funding to cover repairs for damages, assistance should only be requested when repair costs are more than the security deposit and cannot be related to general maintenance items and after the applicant's insurance claim has been filed. DCA reserves the right to have in-house inspectors document the damage, provide specifications for completion of repairs, and inspect the completed work before funds are disbursed. Should the landlord also seek relief for damages through the judicial system and recoup any monies, DCA should be reimbursed for the monies paid by the Fund.

Conflict of Interest Statement

I confirm that neither I nor anyone with whom I have business or immediate family ties is or has been an employee, consultant, officer, elected official, or appointed official of the Georgia Department of Community Affairs in the past year.

Security Deposit

I understand that if I request a security deposit incentive, I may not also collect a security deposit from the tenant or any other source. Security Deposits must be returned to DCA once the tenant vacates the unit.

Certification

By signing below, I certify that I am authorized to sign on behalf of the property owner and that the above information is correct and complete to the best of my knowledge. I also consent to allow the DCA/or its authorized agents to contact agencies as appropriate to verify the information in this application. I understand that should the Georgia Department of Community Affairs determine that any information is false or incomplete, I and/or the property owner may be determined to be ineligible to participate.

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

Submit completed Claims Forms to dcalandlords@dca.ga.org.

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