



OWNER CLAIM FORM

The attached Claim Form is for reimbursement of physical and/or operational damage costs (in excess of the amount of security deposit paid) for the unit, caused by a formerly homeless household during their occupancy. You must complete and return the Claim Form to our office within 30 calendar days of the lease termination date.

If you intend to claim damages, you must enclose documentation showing the basis for the charges, including verifiable third party evidence of the actual cost incurred. Payment for damages can be claimed only to the extent that they have not been paid by the tenant.

Any amount owed by the tenant to the owner for damages will first be deducted from the security deposit that the owner specified in the lease agreement. The maximum amount that the Kings/Tulare Homeless Alliance will pay for a qualified claim is \$2,000. This represents the maximum amount that the Kings/Tulare Homeless Alliance will pay under any circumstances.

Again, your deadline for the return of the Claim Form and receipts to the Kings/Tulare Homeless Alliance is 30 calendar days from the lease termination date. No claims and receipts received after this date will be honored.

If you have any questions regarding completion of this form, please contact Jennifer Pinheiro at jpinheiro@kthomelessalliance.org.



MITIGATION FUND CLAIM FORM

Date Submitted:	
Tenant Name:	
Property Address:	

APPROVED CLAIM MADE PAYABLE TO (must match W-9 on file): Agency Pay Landlord Pay

Landlord:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:		

CLAIM INFORMATION:

<i>Category</i>	<i>Requested Cost</i>	<i>Description</i>
Unit Damages	\$	
Lost Rent	\$	
Court Costs	\$	
Other	\$	
Total	\$	

All costs summarized above have been incurred by the Landlord during the tenancy of the above named tenant and documentation of costs has been provided with this claim form.

LANDLORD SIGNATURE

PRINTED NAME

DATE

FOR AGENCY USE ONLY:

Date Reviewed:	
Reviewed By:	
Partner Agency/Case Manager:	

INTERVENTIONS:		<i>Date(s)</i>	<i>Comments</i>
	Referral to Case Manager		
	Referral for Dispute Resolution		
	Other:		

OUTCOME:	
	Tenancy preserved
	Tenancy dissolved/ household successfully relocated
	Tenancy dissolved/ household not successfully relocated

CLAIM INFORMATION:			
<i>Category</i>	<i>Requested Cost</i>	<i>Description</i>	<i>Approved Cost</i>
Damages	\$		\$
Lost Rent	\$		\$
Court Costs	\$		\$
Other	\$		\$
Total	\$		\$

CLAIM PROCESS:		
<i>Step</i>	<i>Reviewed/Approved</i>	<i>Date</i>
Approve claim		
KTHA processed claim		