Risk Mitigation Pool

Claim Form

Date Submitted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Owner Information:**

1. Building Owner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 Owner’s EIN#: \_\_\_\_\_\_\_\_\_\_\_

2. Building Sponsor or General Partner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Name and address to send reimbursement check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Property for which claim is being requested:**

9. Building Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Property address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Unit #: \_\_\_\_\_\_\_\_

11. Zip: \_\_\_\_\_\_\_\_\_\_\_\_ Tenant rent at move-out: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Per: \_\_\_\_\_\_\_\_\_\_\_\_\_

12. Tenant name(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

13. Move-in date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Move-out date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certification as eligible unit:**

14. Does applicant hereby certify that this unit was designated as a Permanent Supportive Housing unit, covered by the Risk Mitigation Pool, prior to occupancy by this tenant? Yes [ ] No[ ]

**Cause of claim:**

15. Briefly describe what happened to unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total Losses:**

16. Cost of Excessive Physical Damage + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Supervision of repairs (5% of line 16) + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

18. Excessive Operational Losses +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

19**. Total Requested, (before adjustments) = \_\_\_\_\_\_\_\_\_\_­­\_\_\_\_\_\_\_**

(Line 16 + Line 17 + Line 18)

**Adjustments to Request:**

**A. Less Funds Received from Tenant**

20. Refundable tenant deposits collected: + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

21. Prior claims against tenant deposits: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

22. Successful collections from tenant + \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(In addition to deposit)

**23. Total received from Tenant, Reducing Claim = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (Line 20 -- Line 21 + Line 22)

24. Describe the steps you have taken to collect the amount owing from the tenant:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B. Less Other Deductions**

25. RMP deductible. +\_\_\_\_\_\_\_\_\_\_\_\_\_\_

($350 on operational claims, 475 on

physical claims. Maximum $475)

26. Value of reimbursements from other funds: +\_\_\_\_\_\_\_\_\_\_\_\_\_\_

27. Source of other funds. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**28. Total RMP Deductible and reimbursement from other funds = \_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Line 25 + Line 26)**

**C. Less Insurance Claims, Net to Owner**

29. Are you filing an insurance claim? Yes[ ] No[ ] If yes, skip to line 31

30. Is part of the damage eligible for reimbursement from your insurance

company and you are not filing a claim? Yes[ ] No[ ] If no, skip to line 36

31. Is the after-deductible amount available from an insurance claim

greater than $3,000? Yes[ ] No[ ] If no, skip to line 36

32. Amount eligible from an insurance claim: +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

33. Amount of insurance deductible: - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

34. Amount of insurance claim (zero if no ins. claim) +\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

35. Amount of insurance deductible (zero if no claim) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**36. Total from insurance claim (or eligible and over $3,000) = \_\_\_\_\_\_\_\_\_\_\_\_**

(Line 32 – Line 33 or Line 34 – Line 35)

**37. Total amount requested after adjustments**

**Line 19- Line 23- Line 28- Line 36 = \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

38*.* Maximum allowable claim amount \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(For SRO units use $7,500, Studio units use $9,000, for 1 br use $10,000, for 2+ br use $14,500)

**39. Amount of this claim: (smaller of line 37 or 38) \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby certify that the above information is true and that the figures included are actual costs. If any of the costs are estimates I have indicated that fact on this form.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachments: Check if applicable and attached**

Attachment A: Physical Damage forms \_\_\_\_\_

Attachment B: Operational Claim \_\_\_\_\_

Attachment C: Bed Bug Claim \_\_\_\_\_

**Documents Required:**

General Physical Claims Operational Claims

Rental Agreement \_\_\_ Itemization of Costs \_\_\_ Aged Receivables \_\_\_

Agreement with other Move-in Condition Form \_\_\_ Evidence of F.E.D. \_\_\_

Guarantee Funds \_\_\_ Bids or Invoices \_\_\_ Collection Letter \_\_\_

Insurance Claim \_\_\_ Work Order \_\_\_

Certification as PSH Construction Contract \_\_\_

Unit \_\_\_

Move-out Accounting \_\_\_