



LANDLORD GUARANTEE FUND CLAIM FORM

Instructions: Fill out the Rent Well Landlord Guarantee Claim Form and submit the Claim packet to Rent Well. Landlords must file the claim within 60 days from the date the Guarantee expires and/or the date the landlord takes back possession of the unit from the tenant, whichever occurs first. The Guarantee is available for a maximum of \$2000.00 in reimbursement for eligible expenses. The Claim packet must include:

- Accounting Statement** reflecting tenant-owed expenses
- Copy of the **Move-Out Report**
- Rent Well Landlord Guarantee Claim Form** signed by landlord
- Receipts or invoices for any repairs** if requesting reimbursement for damages (if repairs done by in-house staff, then documentation of time spent and hourly rate is required)
- Documentation of non-payment of rent** (72 hour notices, tenant ledger, etc.) if requesting reimbursement for non-payment of rent
- Receipts for any eviction related court costs**, if applicable
- Satisfaction of judgment form**, if applicable

Landlord Name: _____

Property Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax: _____

Tenant Name: _____

Address of Unit being covered by the Landlord Guarantee: _____

City: _____ State: _____ Zip: _____

CLAIM INFORMATION

Date Landlord received possession of the unit: _____

Reason for Claim: _____

Total Amount of Charges: \$ _____

Minus Deposits, Payments or Fees Paid by Tenant: - \$ _____

Equals Remaining Balance: \$ _____

Total Amount of Reimbursement Requested: \$ _____

I certify that this information is true and correct to the best of my knowledge. I understand that Transition Projects, Home Forward, and the Portland Housing Bureau reserve the right to inspect the unit. By submitting the Claim Form I agree that (a) I will not seek a recoupment of costs from any tenant for which this claim is submitted, (b) if an action has already been filed against a tenant, I will file a satisfaction of judgment after receipt of payment from Transition Projects to ensure that I do not receive a duplicate payment for reimbursed costs and expenses. To the extent that I receive a payment pursuant to this Claim Form for expenses which have already been satisfied, I agree to repay Transition Projects any over-payment received, or Transition Projects may offset the amount received pursuant to their request by any amounts I have already received.

Landlord Signature: _____ Date: _____