LANDLORD INCENTIVE PROGRAM

The Landlord Incentive Program recognizes the investment of landlords willing to help individuals who need affordable housing. The program offers participating landlords an incentive for working with Community Shelter Board.

- For each SRO or 0 bedroom unit committed to our program for a minimum of two years, the landlord receives a $300 incentive payment upon successful lease up.
- For each 1-2 bedroom unit committed to our program for a minimum of two years, the landlord receives a $500 incentive payment upon successful lease up.
- For each 3+ bedroom unit committed to our program for a minimum of two years, the landlord receives a $750 incentive payment upon successful lease up.

NEXT STEPS

1. Complete the following information about each unit being pledged to CSB.
2. Email the form to Nick Brenner, Community Housing Manager at CSB_nbrenner@csb.org.
3. CSB will match your unit with a family in need.
4. After the lease is approved and signed by all parties, complete the payment request form to receive the incentive payment.

If the unit becomes vacant prior to the end of the two-year commitment, this should be made known to Community Shelter Board immediately. These vacancies will be matched with families in need by CSB’s Community Housing Manager.

Landlord name

Landlord address

Landlord phone  Landlord email

Unit address

Number of bedrooms  Date unit is available

Accessibility or other features

Revised: July 2023
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Payment Submission Form

This form is required for each participating unit in the Landlord Incentive Program.

Incentive (check one): _____ SRA or 0 BR unit ($300)_____ 1-2 BR unit ($500)_____ 3+ BR unit ($750)

($750) Are you the (check one): _____ Owner_____ Property Manager

_______________________________________
Property owner/property manager name

Email address:

_______________________________________
Owner/property manager mailing address

__________________________________________________________________________________________
Property name and full address/unit #:

__________________________________________________________________________________________
Lease start date

_______________________________________
Tenant’s name (if multiple tenants, list the primary tenant):

Signature for Verification
Submitter’s Certificate: The individual signing this voucher warrants they have the authority to do so as authorized and on behalf of the entity identified in the Owner/Property Manager section. The individual signing below certifies under penalty of perjury that the information provided is true. Owner/property manager agrees to make the unit, as listed in property address, available for use only by CSB and its partners for two years from the date of the lease execution.

_______________________________________
Signature

Date

Send this completed form and all attachments to:
Nick Brenner _nbrenner@csb.org
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, OH 43235

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CSB Use Only
Approved:_______

DCA
Entered:_______

AA Reviewed:_______

HD
Released:_______

Date:_______

Date:_______

Date:_______

Date:_______

Check
Date

Account

Project

Funder

Department