

HOME4GOOD

PSH PARTNER EVICTION MITIGATION FUND Claim Submission Form

The PSH Partner Eviction Mitigation Fund is intended to decrease evictions for rent and damages incurred by clients living in site-based PSH units in Franklin County.

Reimbursements for physical damage to a property must be older than 90 days and may not exceed \$1200.00 per client. Reimbursements for rent balances must be older than 45 days and may not exceed \$600.00 per client. Should the required amount to stop an eviction be above the stated amounts, CSB will assess those on a case-by-case basis.

PSH Partners with an approved rent claim must forego eviction action for unpaid rent for 60-days after check date unless extenuating circumstances are present. PSH Partners with an approved damages claim must forego eviction action for unpaid damages for 6 months after check date unless extenuating circumstances are present. These extenuating circumstances should be approved by CSB. Clients should be given and sign off on a housing retention plan detailing the conditions upon which residency will continue. No more than one claim can be submitted per client.

PSH Partners can submit a claim by completing this form and attaching the following materials:

- Executed original lease or rental agreement (if not already in HMIS)
- All notices sent to tenant for unpaid balances being claimed
- Copy of client ledger detailing charges
- If the claim is for damages, copy of work order or contractor invoice showing the repairs made

PSH Partner name

Property name

Property email address

Property mailing address

Full unit address:

Tenant's name (if multiple tenants, list the primary tenant)

Tenant's Signature

Date

Case Manager's Signature

Date

Tenant's monthly rent amount (client portion only)

Start date of lease

Amount of claim (enter the total value of the claim you are submitting)

Include any additional information that will be helpful in evaluating your claim

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 property section. The individual signing below certifies under penalty of perjury that the information, attachments and totals listed herein are true, honest and proper charges for remedy for loss caused by the tenant(s) listed on this application.

Signature

Date

Send this completed form and all attachments to:

Nick Brenner nbrenner@cspb.org
Community Shelter Board
355 E. Campus View Blvd., Suite 250
Columbus, OH 43235

CSB Use Only: Approved: _____ DCA Entered: _____ AA Reviewed: _____ HD Released: _____
Date: _____ Date: _____ Date: _____ Date: _____

Check Date	Account	Project
Funder	Department	