**RMF Landlord Application**

**Client Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Landlord/Business Name:** **Landlord Phone:**

**Landlord Address:** Click or tap here to enter text.

**Landlord Email:**

**Primary Contact:** Click or tap here to enter text.

**County of client’s unit?**  Clinton  Highland  Fayette  Pickaway  Ross

**General Information:**

How long have you been a landlord in our community?

How often do you rent to RRH, PSH, SSVF, or TH participants?

Have you ever used risk mitigation funds before?  Yes  No

How many times? Choose an item.

What, if any, concerns do you have when renting to our program participants?

**Terms & Conditions:**

By signing below, the Landlords/Agency agrees to work with Risk Mitigation Fund Region Lead, Community Action Commission of Fayette County and (insert partner name) Click or tap here to enter text. to access funds when necessary. The landlord agrees to allow the partner agency to request funds directly from Region Lead and understands that funding requests will be reviewed by Region Lead and may or may not be granted. Funds for all granted Risk Mitigation Fund claims will be provided to landlord/agency directly from the Region Lead and will not come from the tenant or partner agency.

**Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_