**Risk Mitigation Funding (RMF) Claim Form**

**Date of Claim:** Click or tap to enter a date.

**Landlord Information**

**Name of Landlord/Owner requesting RMF**:Click or tap here to enter text.

**Address of Landlord/Owner requesting RMF**:Click or tap here to enter text.

**Phone Number of Landlord/Owner requesting RMF**:Click or tap here to enter text.

**Tenant Information**

**Name of Tenant the Landlord is requesting RMF for:** Click or tap here to enter text.

**HMIS #:** Click or tap here to enter text.

**Address RMF funds are being requested for: Click or tap here to enter text.**

**Funding Request Information**

**What type of assistance is the landlord seeking?** Choose an item.

**Please submit a narrative explaining the costs:** Click or tap here to enter text.

**Proof of Need (3rd Party Documentation)** [ ]  **Invoice** [ ]  **Photo** [ ]  **Video**

[ ] **Other (Describe)** Click or tap here to enter text.

**How much assistance is the landlord requesting?** Click or tap here to enter text.

**Number of Bedrooms:** Choose an item. **Fair Market Rent:** Click or tap here to enter text.

**Case Management Information**

**Name of Case Manager working with tenant:** Click or tap here to enter text.

**Phone number and email of Case Manager:** Click or tap here to enter text.

**Did case manager complete an updated housing stability plan with the tenant?** [ ]  **Yes** [ ]  **No**

If yes**,** please attach. If no, explain why and complete attempts as provided below:

**Provide types and dates of attempts to contact the tenant:**

**Door Knock** Click or tap to enter a date. **Time** Click or tap here to enter text.

**Email** Click or tap to enter a date. **Time** Click or tap here to enter text.

**Text** Click or tap to enter a date. **Time** Click or tap here to enter text.

**Phone Call** Click or tap to enter a date. **Time** Click or tap here to enter text.

**Mail** Click or tap to enter a date. **Time** Click or tap here to enter text.

**Social Media** Click or tap to enter a date. **Time** Click or tap here to enter text.

As Region 16 homeless housing staff, I hereby certify that this claim is valid, and the tenant was enrolled in either the RRH or PSH program. I have obtained and attached receipts, photos etc. to verify this claim.

Case Manager Certification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RMF Coordinator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Outcome of the Request:

[ ]  Approved [ ]  Not Approved

Explanation if not approved: Click or tap here to enter text.