**Risk Mitigation Funding: Landlord Application**

**Participant Name:** **Date:**

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

**Landlord Address:**

**Landlord Email:**

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

**Agency Providing Housing Assistance for above named participant:**

**Landlord 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 Landlord/Business listed agrees to collaborate with the partnering agency listed and with Risk Mitigation Fund Region Lead, Community Action Commission of Fayette County, 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.

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

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