Damage Reimbursement Policy and Application

Property Name / Landlord:       Phone:       E-mail:

Property Address:       Move In Date:

Unit No.:       Resident Name:       Move Out Date:

The Pinal County Coalition to End Homelessness (PCCEH) will reimburse a participating landlord for physical damages to a rental unit up to $2,500 caused by an eligible program participant.

**Damage and repair claims must meet the following criteria:**

* There must be a current lease in place between the program participant, rental subsidy provider, and landlord;
* Property damage must be caused by a tenant, while under a rental agreement at the time the damage occurred;
* Damage to property must exceed normal wear and tear;
* **Reimbursement is only available for amounts in excess of any security deposit or third party payments applied to the damages;**
* Repair reimbursement claims are capped at a maximum of $2,500.

**Eligible Expenses That May Be Reimbursed – Damages may include but are not limited to:**

* Vandalism such as graffiti;
* Wall gouges and holes;
* Damages to doors and cabinets including their hardware;
* Damage to carpet or other flooring;
* Broken windows, blinds or other window coverings;
* Repair or replacement of minor household fixtures such as garbage disposal, toilet, sink and/or plumbing fixtures;
* Repair or replacement of lighting fixtures;
* Special cleaning related to household tenancy;
* If unit was leased as “furnished”, reasonable repair or replacement of damaged furniture or other appliances provided in lease;
* Furnishings and appliances must be listed in the lease or move-in checklist (if lease provides a replacement cost schedule for provided furnishings or provided items, reimbursement will be limited to replacement cost schedule amounts;
* Standard and reasonable legal fees related to the termination of the tenancy;
* Costs related to death of a tenant – if a tenant dies in the term of a lease, PCCEH may pay for the expenses of removing and disposing of the tenant’s belongings. PCCEH will not pay costs associated with biohazard cleaning, removal of remains, or funerary expenses associated with the death of a participant;
* Landlord insurance deductibles in the event of excessive damages.

Reimbursement will not cover normal “wear and tear”, standard maintenance, or routine work performed in turning over units defined as repairs related to the natural and gradual deterioration that occurs when rental property is used as a residence.

Reimbursement will NOT cover bed bug treatments.

**Damage Reimbursement Process:**

The property manager or landlord must contact the Landlord Liaison at 520-557-3277 or contact@pcceh.com upon discovery of damages, and before damages are repaired.

The Landlord Liaison, or other representative appointed by the PCCEH, will inspect the damage within three business days of notification from the property manager or landlord.

The damage must be inspected and approved for reimbursement BEFORE this application is completed and repairs are made.

|  |  |
| --- | --- |
| **Inspected by: Date:** | **Approved by Landlord Liaison**  |
| **Damages Inspected** | **Yes** | **No** |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |
|       | [ ]  | [ ]  |

The PCCEH will only reimburse for damages which are inspected and approved by the Landlord Liaison, and upon submission of a complete application package by the landlord.

A complete application must include **all** of the following items:

* This completed application
* A copy of the landlord participation agreement with the rental assistance provider
* A copy of the client lease covering the period of the damages
* A completed and signed W-9 form (necessary for payment)
* Photos of damages
* Copy of the move-in inspection
* Documentation of completed repairs performed by 3rd party licensed contractor or other qualified professional (receipts, paid invoices, photos after repair)

Original Deposit Date:

List and describe all deposits (security, pet, etc.):

|  |  |
| --- | --- |
| **Deposit Type** | **Amount** |
|       |       |
|       |       |
|       |       |
| **Total Deposits** |  |

Amount of reimbursement requested:

Comments / Additional Explanation:

**E-mail completed application to** **contact@pcceh.com**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For County Use Only\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved [ ]  No [ ]  Yes Amount Approved:       Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: