

CLAIMS FORM Landlord Incentive Program



This form provides the City with basic information we need to determine your property's eligibility for the program. It also serves as a certification to the City that the information you are providing is correct and authorizes the City to verify the information required to determine your eligibility.

RENTAL UNIT INFORMATION			
Street Address:		Apt No:	
City:		CA	ZIP Code:
Number of bedrooms:		Monthly rent:	
Number of bathrooms:		Standard security deposit:	

PROPERTY OWNER INFORMATION		
Owner Name:		
Owner Contact Person (if not same as above):		
Phone:	Email:	
Street Address:		Apt/Ste No:
City:	State:	ZIP Code:
<i>Note: This address will be used for mailing payments owed.</i>		

PROPERTY MANAGER INFORMATION		<input type="checkbox"/> Check if not using a property manager
Company Name:		
Contact Person:		
Phone:	Email:	
Street Address:		Apt/Ste No:
City:	State:	ZIP Code:

TENANT INFORMATION (list all adult tenants)	
Tenant #1:	
Tenant #2:	<input type="checkbox"/> N/A
Tenant #3:	<input type="checkbox"/> N/A
Tenant #4:	<input type="checkbox"/> N/A
Primary Contact Person:	
Phone:	Email:
Does tenant have a Housing Choice Voucher? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, what is the T-code?	

INCENTIVES	
Please check all that apply. If you require an upfront security deposit, you may submit one claim for security deposit and a second claim after move-in for other incentives.	
<input type="checkbox"/>	New Landlord Bonus - \$3,000 City staff will verify that owner has not already claimed this incentive.
<input type="checkbox"/>	New Unit Bonus - \$1,500
<input type="checkbox"/>	No-Loss Bonus Applies only when unit is rented to a Housing Choice Voucher holder.
<input type="checkbox"/>	Unit Holding Agreement Requires an existing agreement with the owner.
<input type="checkbox"/>	Double Security Deposit
Have you already collected a security deposit? <input type="checkbox"/> Y <input type="checkbox"/> N	
If yes, how much?	

REQUIRED DOCUMENTS	
Please attach the following documents with your application.	
<input type="checkbox"/>	W-9 Form The form must be completed and signed by the legal owner of the property.
<input type="checkbox"/>	Copy of Completed Lease OR Security Deposit Invoice Form (if applying only for security deposit pre-move-in)

DISCLOSURES AND CERTIFICATIONS

SHRA Disclosure Statement

I acknowledge and agree that the Sacramento Housing and Redevelopment Agency may share about the status and information submitted in a Request for Tenancy Agreement (RFTA) for the above address with the City of Elk Grove.

Conflict of Interest Statement

I confirm that neither I nor anyone with whom I have business or immediate family ties is or has been an employee, consultant, officer, elected official, or appointed official of the City of Elk Grove in the past one year.

Double Security Deposit

I understand that if I request the double security deposit incentive I may not also collect a deposit of the last month's rent from the tenant or any other source.

Compliance with Prevailing Wage Laws

Any property owner receiving the security deposit incentive, as described herein, agrees that such property owner is fully aware of the provisions of Labor Code sections 1720, et seq. regarding payment of prevailing wages in connection with public works projects and has consulted with its own legal counsel regarding such wage issue. Property owner's acceptance of a security deposit hereunder is a acknowledgement of that such independent advice and counsel has been obtained and relied on in accepting such incentive. Any property owner receiving the security deposit hereunder agrees to comply with all applicable laws concerning use of security deposit funds. Neither the City nor any of its employees, agents, or representatives have rendered opinions to such property owner respecting the applicability of Labor Code sections 1720, et seq. (including Section 1781) is brought or made against the City in connection with the security deposit incentive or any related construction or repair project, property owner shall be obligated to defend, indemnify, and hold harmless the City with respect to such claim.

Certification

By signing below, I certify that I am authorized to sign on behalf of the property owner and that the above information is correct and complete to the best of my knowledge. I also consent to the allow the City of Elk Grove and/or its authorized agents to contact agencies as appropriate to verify the information contained in this application. I understand that should the City of Elk Grove determine that any information is false or incomplete, I and/or the property owner may be determined to be ineligible to receive assistance from the City.

<p>PROPERTY OWNER (OR AUTHORIZED REPRESENTATIVE)</p> <p>X</p>	<p>Date:</p>
<p>Print Name:</p>	

Submit completed Claims Forms to jbarnes@elkgrovecity.org.

<p>For City Administrative Purposes Only</p>	<p>Total Balance Due:</p>	
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