



Landlord Incentive Program HCV Vacancy Loss Claim Form

Vacancy Loss Payment Program - Current Housing Choice Voucher (HCV) landlords may apply for “lost” rent, as a result of a delay in re-leasing to a new HCV participant tenant following the move-out of an HCV tenant. The “loss” payment amount can not exceed one (1) month’s contract rent. The calculation will be prorated and based inversely on the actual number of vacant weeks as follows: 1 month or less of vacancy = full month of rent; greater than 2 weeks but less than 3 weeks of vacancy = 1/2 month of rent; greater than 1 week but less than 2 weeks of vacancy = 1/3 month of rent.

The objective of the incentive is to encourage landlords to immediately re-lease the unit to another DSHA HCV participant if the previous DSHA HCV tenant moves-out of the unit.

Landlords need to submit documentation of the previous DSHA HCV tenant’s move out date and a copy of the current lease agreement with the start date with the new DSHA HCV tenant.

Notice: This form must be used to document and track the incentive payment(s) for each landlord. Prior to any payment being issued, this form must be submitted to the Landlord Liasion for approval within two months of the previous HCV tenant’s vacancy date.

The HCV Director/Landlord Liasion will approve or deny all incentive payment requests expeditiously. This is subject to all necessary documentation or information being timely provided. DSHA reserves the right to deny any requests/claims. Furthermore, by signing this form, the landlord is acknowledging that this program does not confer a right nor entitle the landlord to any monetary amount. This program is a discretionary program created by DSHA and subject to funding availability and other considerations.

Tenant Information

Previous Tenant Name: _____

Address of Unit: _____

Vacate Date: _____

New Tenant Name: _____

Move in date: _____

Landlord/Unit Information

Landlord Name: _____ Phone: _____

Monthly Rent: _____ Security Deposit: _____

Enter dates for vacancy loss: _____

Did you take all reasonable actions to fill vacancy? ____ Yes ____ No

CERTIFICATION

By signing this form, I certify that all of the information provided on this Vacancy Loss Form is true, correct, and complete to the best of my knowledge. I understand that the information provided will be relied upon in order for the Delaware State Housing Authority to make a proper determination. Any material misrepresentation may result in a denial. In addition, I understand that any material misrepresentation could be considered an act of fraud committed against the Delaware State Housing Authority. Please note the following warning: DSHA reserves the right to deny any requests. Furthermore, by signing this form, the landlord is acknowledging that this program does not confer a right nor entitle the landlord to any monetary amount. This program is a discretionary program created by DSHA and subject to funding availability and other considerations. Moreover, Title 18 Section 1001 of the United States Code states that any person would be guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

x _____ x _____ _____
Print Name Signature Date

Disclaimer: All Payments made to Landlords are only for properties rented to DSHA Housing Choice Voucher clients only.

*****FOR OFFICE USE ONLY*****

Approved or Denied: If Denied, please indicate why:

Approved Payment Amount: _____ Approved by: _____ Date _____