



# Landlord Risk Mitigation Fund Tenant Agreement

## LRMF Tenants Rights & Responsibilities

**Quarterly Check-Ins:** Once fully enrolled in the LRMF program (i.e., financially endorsed at a viable unit for a 12-month lease), tenant participants are required to engage with the LRMF program quarterly check-in accountability structure (see table below).

\_\_\_\_\_ Tenant Initials

### Quarterly Tenant Check-In Schedule

<b>Year 1</b>	90 Days (3 month check-in)	1 <sup>st</sup> check-in, home visit required. Assessment of household upkeep any concerns or issues for tenant and/or landlord to be discussed. Support for known financial resources offered.
	180 Days (6 month check-in)	2 <sup>nd</sup> check-in, by phone (home visit based on assessed need from 90-day check-in)
	270 Days (9 month check-in)	3 <sup>rd</sup> check-in, by phone (home visit if needed). Assess intentions for lease renewal. Validate lease renewal or send notice of program exit.
<b>Year 2</b>	180 Days (6 month check-in)	4 <sup>th</sup> check-in by phone (home visit if needed). Evaluate eligibility for LRMF program endorsement for BHA's Section 8 program.
	270 Days (9 month check-in)	5 <sup>th</sup> check-in. Assess intentions for lease renewal. Send notice of program exit and LRMF program endorsement

**Code of Conduct & Responsibility to Report Damages:** LRMF endorsed tenants are required to abide by the terms of their dwelling lease as well as this LRMF tenant agreement. Tenant also acknowledges the responsibility to report damages that occur (or become apparent) while living in the rental dwelling, regardless of liability.

\_\_\_\_\_ Tenant Initials

**BHA Section 8 Voucher Opportunity:** Non-Section 8/HCV LRMF tenants who: (a) comply with (and complete) all program check-in milestones; (b) abide by LRMF participant code of conduct for the entirety of their tenancy; (c) remain enrolled for two consecutive 12-month lease terms at the same dwelling; (d) have no existing debts with the BHA, and (e) meet income eligibility threshold for Section 8/HCV voucher program; will earn a *LRMF program endorsement & preference point* for BHA's Section 8 program and will be eligible to be placed on the BHA Section 8 waitlist (regardless of waitlist open/closed status). Tenant participants meeting these qualifications become eligible in the 18<sup>th</sup> month of their tenancy and will be notified by LRMF program staff at their 4<sup>th</sup> quarterly check-in (i.e., 180 days into 2<sup>nd</sup> consecutive 12-month lease).

\_\_\_\_\_ Tenant Initials

**Early Termination/Program Exit:** Tenant failure to comply with program expectations can result in a non-renewal of enrollment of LRMF program endorsement and forced program exit if supported by reasonable cause (i.e., willful neglect or damage) and landlord non-renewal (or justified early termination) of lease. Otherwise, LRMF program financial endorsement will end at the end of maximum eligibility period of a consecutive 24-months at the same rental dwelling.

\_\_\_\_\_ Tenant Initials



Bloomington Housing Authority  
 1007 North Summit, Bloomington, Indiana 47404  
 812-339-3491 fax 812-339-7177

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**Risk Mitigation Fund Coverage:** Participating property partners may submit a claim for any of the following reasons no more than 45 days after a tenant has vacated the rental property: (a) The participating tenant abandons the rental property and has not made payments towards their rent, resulting in dissolution of the lease; (b) Property damage costs exceeding the amount of the original security deposit including, but not limited to physical damage to a property beyond normal wear and tear; (c) Unpaid rent and charges associate with tenancy including late charges, legal expenses and utility charges may be included.

\_\_\_\_\_ Tenant Initials

## Terms and Conditions

This Agreement is between the Participating Household at the time of initial agreement, and the Bloomington Housing Authority Landlord Mitigation Fund Program. When a person graduates from the Tenant Education Program they have the possible opportunity to have their future landlord reserve funds through the Risk Mitigation Fund, up to \$2,000, if a renter leaves their rental home within 12 months of signing the lease and leaves damages or unpaid rent. The prospective tenant must agree to terms and conditions of the LRMF Program to access these funds. This agreement will renew up to one time for a total coverage of two consecutive lease cycles totaling no more than 24 months.

### Termination of Housing:

I understand that if the participating household abandons the rental property or is evicted due to lease violations I may not re-enroll in the LRMF program for a period of 12 months unless otherwise notified by an LRMF representative. I understand that if I, as tenant, am exited from another supportive housing program, I have the right to remain in the Landlord Risk Mitigation Program for up to 24 months upon program enrollment, unless otherwise notified.

Participating Landlords will be eligible to submit a Claim Request for the duration of the lease agreement, up to 45 days following the end of lease date listed on the signed lease agreement. I understand that a representative of the LRMF Program will be attempting to contact me (the tenant) to verify any claim against the LRMF Fund, and I have an obligation to respond to attempted communications. It is important and to my benefit to let the assessor know of any changes in my household (members of my household have changes, I have been evicted from housing, etc.) within 10 calendar days of this change.

### Ongoing Case Management:

I understand, if approved, I (the tenant) must maintain regular contact with a representative of the Landlord Risk Mitigation Fund while being a participant in the LRMF Program. I agree to complete case management and site visits with a representative of the LRMF Program, the duration and frequency of which will be agreed upon by myself and the Bloomington Housing Authority. It is my (the tenant's) responsibility to inform my landlord, and case manager or agency contact person listed below of any changes in my contact information. I understand that the landlord and supportive housing service provider (\_\_\_\_\_) participating in the program are responsible for maintaining regular communication between myself as the tenant, and all other parties in the program (landlords, and agencies). Landlords are responsible for communicating any lease violations, or



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claim requests to the LRMF Program. If I am not satisfied with the Landlord Risk Mitigation Program Administration's decision for any reason, I have the right to make an appeal to the Bloomington Housing Authority within 10 calendar days of the decision being made.

**By signing this Tenant Agreement, I agree to follow all rules, regulations and guidelines set forth in this Agreement.**

BHA/LRMF Representative:	_____	_____	_____
	Print	Sign	Date
Other Adult:	_____	_____	_____
	Print	Sign	Date
Head of Household:	_____	_____	_____
	Print	Sign	Date