|  |  |  |
| --- | --- | --- |
| Landlord Risk Mitigation FundClaim Form Property Name:  Contact Name:  Phone:  Email: | | |
| The Maximum amount of financial coverage per unit is $4,000. This may include any combination of financial losses associated with damages, unpaid rent or vacancy losses. The landlord must attempt to collect financial losses from tenant prior to submitting a Claim Form. This may be documented by providing a copy of the letter sent to the tenant following move out inspection. If the tenant does not promptly make payment arrangements, the Claim Form can be submitted to lrmf@montgomerycountymd.gov. The form must be submitted within 45 days of the tenant vacating the unit. Please include all required supporting documentation with your claim. | | Tenant Name:  Unit Address:  Date of Move-in: Click or tap to enter a date.  Date of Move-out: Click or tap to enter a date.  Security Deposit Paid:  Total Financial Losses:  Total Financial Losses Less the Security Deposit:  Total Claim Request |
| Damages | Copy of letter sent to tenant in effort to recover damages, unpaid rent and vacancy loss  Copy of move-out inspection report  List of itemized deductions charged for damages and estimates  Receipts or invoices for any repairs for which you are requesting reimbursement for damages (can include forwarded pictures of receipts) | |
| Unpaid Rent | Copy of five day pay or quit and notice to vacate  Tenant rent payment ledger | |
| Vacancy Loss | Date the unit became vacant: Click or tap to enter a date.  Date the unit was leased: Click or tap to enter a date. | |
| Action | Claim Approved Amount Approved:       Claim Declined | |
| Notes |  | |

Created 12.24.20