



Landlord Incentive Program

HCV Damage Claim Form

DAMAGE CLAIM – Landlords may be compensated for certain types of tenant-caused damage(s) to a landlord’s unit. Compensation will be limited to the amount of actual damages and shall not exceed an amount equaling two (2) months of the contract rent for the HCV tenant’s lease. The amount of tenant’s security deposit will be deducted from the compensation calculation. Normal unit “wear and tear” is not considered a tenant-caused damage.

Proof of Damage(s): For tenant-caused damage(s), the amount requested for compensation must be supported with clear and convincing evidence/information, including but not limited to, “before and after” photos of the damaged area, receipts and/or professional estimates of cost of repair, legally awarded costs for damages, “before and after” inspection sheets, and other verifiable proof of tenant-caused damage(s) during the HCV tenant’s tenancy. The more complete and detailed the proof, the more likely that the request will be approved.

This is a “contingent” incentive. PAYMENTS will not be made until a new Housing Assistance Payment contract is executed with a new HCV participant. If the Landlord does not lease the unit to a new HCV participant, then this incentive does not apply.

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 HCV Director or Management designee for approval within two months of the HCV tenant’s vacancy date.

The HCV Director/Designee will approve or deny all damage claim requests expeditiously. This is subject to all necessary documentation or information being timely provided. HHA 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 HHA and subject to funding availability and other considerations.

Tenant Information

Tenant Name: _____
Address of Unit: _____
Move in date: _____

Landlord / Unit Information

Landlord Name: _____ Phone: _____
Monthly Rent: _____ Security Deposit: _____

Circumstances of Claim – Claims can be requested in the following circumstances:

- Lease termination with cause.
- Tenant vacated unit with damages.
- Eviction due to lease violation

Complete description of claimed damages (use additional pages if necessary): _____

Full amount of tenant caused damages (do not deduct security deposit): _____

Attach the following:

- ☐ Complete itemized list of damages with paid receipts attached. Professional receipts or estimates for cost of repair must be provided.
- ☐ Evidence that tenant caused damages (dated photographs of move in / move out condition, move in / move out inspections, etc.)
- ☐ Copy of letter mailed to tenant requesting payment for damages (letter must be mailed to tenant at last known address).

CERTIFICATION

By signing this form, I certify that all of the information provided on this Damage Claim 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 Harrisburg 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 Harrisburg Housing Authority. Please note the following warning: 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

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

Approved or Denied: If Denied, please indicate why:

Approved Payment Amount: _____ Approved by: _____ Date _____