

Northwest Minnesota Foundation

Landlord Risk Mitigation Fund- Tenant Enrollment Certification

LandlordRiskMitigationFundTenantEnrollmentCertification

This form certifies that _____ (tenant's name) is enrollment and participating in the Landlord Risk Mitigation Program. This certificate should be signed by all parties participating in the Landlord Risk Mitigation Fund's program (supportive housing service providers, landlords, and their tenants) By signing this certificate, all parties agree to the following:

Tenant's Initials:

_____ I understand, if approved, I (the tenant) must maintain regular contact with a supportive service provider of my choice while being a participant in Landlord Risk Mitigation Fund.

_____ I understand that if I, as tenant, choose to terminate an active case management/coordination plan before being successfully exited from any additional programs I am enrolled in, I will be withdrawn from the Landlord Risk Mitigation Fund's Program.

_____ I understand that if I, as tenant, am exited from the Landlord Risk Mitigation Program, that is not necessarily grounds for my Participating Landlord to terminate my lease agreement, and I have the right to appeal the decision of the Advisory Committee to exit me from the program.

_____ I understand that if the tenant violates the lease agreement, the tenant could be exited from the Landlord Risk Mitigation Program.

_____ I understand that if I, as tenant, am exited from another supportive housing program, that does not necessarily result in a violation of the Landlord Risk Mitigation Program, and I have the right to remain in the Landlord Risk Mitigation Program for up to two years upon program enrollment, unless otherwise notified.

_____ If I, as tenant violate the program agreements of the Landlord Risk Mitigation Fund, but my lease agreement with a Participating Landlord continues, I will be exited from the program, and my landlord and Supportive Housing Service Agency will be notified. Participating Landlords will be eligible to submit a Claim Request for the duration of the lease agreement, up to 60 days following the end of lease date listed on the signed lease agreement.

_____ I understand that partner agencies from the NWCoC will be attempting to contact me (the tenant) 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 or homeless status (i.e. I am no longer homeless, I have been evicted from housing, etc.) as soon as it happens.

_____ I agree to complete case management and site visits with my supportive housing service provider
(insert agency name): the duration and frequency of which will be agreed upon by myself, the Participating Landlord
(insert landlord name, once a lease has been signed):

and the agency providing services (insert agency name):

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_____ 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. If I cannot be reached using the contact information I have provided, my name may be removed from Landlord Risk Mitigation Fund's program. If my name is removed from the program, I will have the right to re-apply for homeless services.

_____ If my household is enrolled in the Landlord Risk Mitigation program, I may need to verify eligibility of enrollment for Participating Landlords. If my household is selected for a fixed-site housing unit, the Participating Landlords will require proof of program enrollment (Tenant Enrollment Certification Form), and may require additional information before providing a lease agreement, such as a criminal background check (with less strict requirements). The Housing Agency will try to contact me using the information I have provided. There is a short response time to accept or decline an offer. If I cannot be contacted, another household may be selected.

_____ I have the right to turn down an offer of housing. If I turn down an offer of housing, my name will return to the Priority List. Valid reasons to turn down housing are: location, type of housing wanted (fixed vs. scattered site) or conflict with the agency.

_____ I understand that the landlord and supportive housing service provider (insert agency name):

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 claim requests to my supportive housing service agency (insert agency name):

_____ If I am not satisfied with the Landlord Risk Mitigation Advisory Committee member's decision for any reason, I have the right to make an appeal to the Housing Agency that issued the denial. If I have reason to fear contacting this person for any reason, I can contact the Landlord Risk Mitigation Fund's Program Staff at the Northwest Minnesota Foundation: Margaret Krueger, margaretk@nwmf.org or at 218-759-2057 ext. 105

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By signing this certification, I am agreeing to follow all official program procedures established by the Landlord Risk Mitigation Fund's Advisory Committee and the Northwest Minnesota Foundation. I understand that this certification will serve as an official record of my agreement to follow all program procedures, which may be subject to changes. I understand that participation in the Landlord Risk Mitigation Program is contingent on this agreement, which can be terminated by the Advisory Committee, or the Northwest Minnesota Foundation at any time. All forms should include a copy of the signed lease agreement and must be sent by the agency listed below to Margret Treuer: margret@nwmf.org within 10 days.

AGENCY LEADERSHIP (authorized representative or executive director): _____ **DATE:** _____

AGENCY NAME: _____

PHONE: _____

AUTHORIZED REPRESENTATIVE E-MAIL: _____

AGENCY CONTACT (Direct service worker, or case manager): _____ **DATE:** _____

AGENCY NAME: _____

PHONE: _____

AGENCY CONTACT E-MAIL: _____

TENANT CONTACT: _____ **DATE:** _____

TENANT NAME: _____

PHONE: _____

AGENCY CONTACT E-MAIL: _____

LANDLORD CONTACT: _____ **DATE:** _____

LANDLORD NAME: _____

PHONE: _____

AGENCY CONTACT E-MAIL: _____