

## Landlord Risk Mitigation Fund Tenant Exit Form

This enrollment form should be completed if a client is being successfully exited from the Landlord Risk Mitigation Program (up to two years of tenant enrollment). The Tenant Exit Form should also be completed if the client's tenant/landlord lease agreement has been terminated, or enrollment in the program has been terminated. Whenever possible this Exit Form should be completed with the Participating Landlord, the client, and the supportive housing service provider listed on the current Tenant Enrollment Certificate. All Tenant Exit forms must include the Housing Inspection Forms (HUD Form 52580A & Housing Inspection Checklist). Tenant Exit Forms must be sent by the agency listed below to Margaret Krueger: [margaretk@nwmf.org](mailto:margaretk@nwmf.org).

A client has the right to decline to answer any questions, or provide any information they are not comfortable providing. If the client is unreachable, case managers should attempt to answer each question to the best of their abilities.

**Head of Household's Name:**

First name

Last name

**Participating Landlord's Name:**

First name

Last name

AGENCY NAME	AGENCY CONTACT	PHONE	EMAIL	DATE

**Tenant Information:**

Tenant's Age:

**1. Exit Date:**

**2. Reason for leaving**

Completed Program

Non-payment of rent

Reached Maximum Age Allowed

Reached Maximum Time Allowed

Unknown/ disappeared

Criminal activity/violence

Voluntarily Withdrew from Program

Left for Housing Opportunity Before Completing Program

Non-compliance with program

Needs could not be met

Death

Other:

No exit interview completed

Client doesn't know

Client refused

Data not collected

**3. Destination**

Deceased

Emergency shelter, including hotel or motel paid for with emergency shelter voucher, or RHY-funded

Host Home shelter

Foster care home or foster care group home

Hospital or other residential non-psychiatric medical facility

Permanent Housing (other than RRH) for formerly homeless persons

Place not meant for habitation (e.g., a vehicle, an abandoned building, bus/train/subway station/airport or anywhere outside)

Psychiatric hospital or other psychiatric facility

Rental by client, no ongoing housing subsidy

Staying or living with family, permanent tenure

Staying or living with family, temporary tenure (e.g., room, apartment or house)

Staying or living with friends, permanent tenure

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Host Home (non-crisis)	Rental by client, with VASH housing subsidy	Staying or living with friends, temporary
Hotel or motel paid for without emergency shelter voucher	Rental by client, with GPD TIP housing subsidy	tenure (e.g., room, apartment or house)
Jail, prison or juvenile detention facility	Rental by client, with RRH or equivalent subsidy	Substance abuse treatment facility or detox center
Long-term care facility or nursing home	Rental by client, with HCV voucher (tenant or project based)	Transitional housing for homeless persons (including homeless youth)
Moved from one HOPWA funded project to HOPWA PH	Rental by client in a public housing unit	Other (specify) _____
Moved from one HOPWA funded project to HOPWA TH	Rental by client, with other ongoing housing subsidy	No exit interview completed
Owned by client, no ongoing housing subsidy	Residential project or halfway house with no homeless criteria	Client doesn't know
Owned by client, with ongoing housing subsidy	Safe Haven	Client refused
		Data not collected

**Housing Status** *(At Destination) (All Clients)*

Category 1 – Homeless	Client doesn't know
Category 2 – At imminent risk of losing housing	Client refused
Category 3 – Homeless only under other federal statutes	Data not collected
Category 4 – Fleeing domestic violence	
At-risk of homelessness	
Stably housed	

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**If the client requires supportive housing services after exiting the Landlord Risk Mitigation Program, the Agency should refer their client to a Coordinated Entry Housing Needs Assessment.**

**Disability Updates** *(All Clients)*

a. Does the client have a **disability of long duration?**

**HMIS Tips:** *If answer to question (a) is different than recorded at project start, you must update the answer at project start, NOT exit! (Click on the pencil next to project start date)*

Household Member Name	Disability of Long Duration?				
	Yes	No	DK	R	DNC
1.					
2.					
3.					

**b. Newly Identified Disabilities**

**HMIS Tips:** *Record a Yes/No/Data not collected response value for each disability type between project start and exit. If there is a change, select the edit pencil next to a disability type to add an end date. (Disability Determination should be "Yes" if the client has the disability and should remain "Yes" even if the disability ends.) Enter a new response value 1 day after end date for that disability type using the Add button. Ensure that the HUD Verification step is complete.*

Household Member Name (repeat client name if multiple disabilities are present)	Disability (record # from list below)	Disability determination					Start Date	If Yes, Expected to be of long, continued and indefinite duration, and substantially impedes ability to live independently, and of such a nature that such ability could be improved by more suitable housing conditions?				
		Yes	No	DK	R	DNC			Yes	No	DK	R

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		Yes	No	DK	R	DNC		Yes	No	DK	R	DNC
		Yes	No	DK	R	DNC		Yes	No	DK	R	DNC

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|------------------------------------|---------------------------------------|
| 1. <u>Mental Health Disorder</u>   | 5. Alcohol Use Disorder               |
| 2. <u>Physical Disability</u>      | 6. Drug Use Disorder                  |
| 3. <u>Developmental Disability</u> | 7. Both Alcohol and Drug Use Disorder |
| 4. <u>Chronic Health Condition</u> | 8. HIV/AIDS                           |

**New Health Insurance:**

**HMIS Tips:** Enter new health insurance source using the “Add” button. Ensure that the HUD Verification step is complete. Select the edit pencil next to each health insurance source to add an end date. “Covered?” should remain “Yes” even after the health insurance ends.

Household Member Name	Covered by health insurance	Medicaid (MA)	Medicare	State Children’s Health Ins.	VA Medical Services	Employer-Provided Health Ins.	Health Ins. through COBRA	State Health Ins. for Adults	Private Pay Health Ins.	Indian Health Services Program	Other	Start Date
1.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
2.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
3.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
4.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

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5.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
7.	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

**b. Health Insurance recorded previously that has since ENDED (not common):**

Household Member Name	Health Insurance Source (enter name from list above)	End date	Household Member Name	Health Insurance Source (enter name from list above)	End date

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**Income Sources/Amounts Updates** *(All Adults and Heads of Household)*

**a. New Income Sources/Amounts:**

<p><b>Data Collection Instructions:</b> <i>Collect income information for all household members. Income received on behalf of minors should be recorded on the parent's/guardian's record.</i></p>	<p><b>HMIS Tips:</b> <i>Record a Yes/No/Data not collected response value for each monthly income type between project start and exit. If there is a change, select the edit pencil next to an income type to add an end date. ("Receiving income source" should remain "Yes" even after the income ends.) Enter a new response value 1 day after end date for that income type using the Add button. Ensure that the HUD Verification step is complete</i></p>
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HoH/Adult Household Member Name	Income from any source	Start Date	Source 1 (enter # from List Below)	Monthly Amount	Source 2 (enter # from List Below)	Start Date	Monthly Amount	Total Monthly Income from ALL Sources
1.	Yes							
2.	Yes							
3.	Yes							

- |  |  |
|--|--|
| <ul style="list-style-type: none"> <li>1. Earned Income</li> <li>2. Unemployment insurance</li> <li>3. SSI</li> <li>4. SSDI</li> <li>5. VA Service Connected Disability Compensation</li> <li>6. Private disability insurance</li> <li>7. Worker's compensation</li> </ul> | <ul style="list-style-type: none"> <li>8. TANF (MFIP)</li> <li>9. General Assistance</li> <li>10. Retirement income from Social Security</li> <li>11. VA Non-Service Connected Disability Pension</li> <li>12. Pension or retirement income from a former job</li> <li>13. Child support</li> <li>14. Alimony or other spousal support</li> <li>15. Other (specify) _____</li> </ul> |
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**b. Income sources recorded previously that have since ENDED: List below with end dates:**

Household Member Name	Income Source 1 (enter name from list above)	End date	Income Source 2 (enter name from list above)	End date
1.				
2.				
3.				



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**Non-Cash Benefits Updates** *(All Adults and Heads of Household)*

**a. New Non-Cash Benefit Sources:**

**Data Collection Instructions:** Record non-cash benefits for each adult and head of household. Non-cash benefits generally apply to all members of the household who benefit, even indirectly.

**HMIS Tips:** Record a Yes/No/Data not collected response value for each non-cash benefit type between project start and exit. If there is a change, select the edit pencil next to a non-cash benefit type to add an end date. ("Receiving benefit?" should remain "Yes" even if the benefit ends.) Enter a new response value 1 day after end date for that non-cash benefit type using the Add button. Ensure that the HUD Verification step is complete.

HoH/Adult Household Member Name	Non-cash benefit from any source	Source 1 (enter # from List Below)	Start Date	Source 2 (enter # from List Below)	Start Date
1.	Yes				
2.	Yes				
3.	Yes				

1. Supplemental Nutrition Assistance Program (Food Stamps)
2. Special supplemental nutrition program (WIC)
3. TANF Child Care Services

4. TANF transportation services
5. Other TANF-Funded Services
6. Other Source (specify)

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**b. Non-cash benefits recorded previously that have since ENDED: List below with end dates:**

Household Member Name	Benefit Source 1 (enter name from list above)	End date	Benefit Source 2 (enter name from list above)	End date
1.				
2.				
3.				

**% of income spent on rent** *(after leaving the program) (Head of Household)*

30% or less of income  
 31% to 50% of income  
 51% to 65% of income

66% to 80% of income  
 More than 80% of income  
 Not housed at exit

Not paying rent

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**Short Answer Questions (to be completed together with client, Participating Landlord, and supportive housing service provider)**

1. Describe the tenant's and the Participating Landlord's relationship. Was it a positive or negative experience?
  
2. If moving onto different housing, will the tenant receive a letter of reference from the landlord? (if no, please cite reason)
  
3. During the time of program participation, did the tenant's income increase, decrease, or remain unchanged?

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4. Please describe any life-skills, tenant trainings, employment, or professional/personal development that the client may have developed while participating in the program:
5. For Tenants: what would improve your experience in the program?
6. For Participating Landlords: what would improve your experience in the program?
7. For Supportive Housing Service Staff: what would improve your experience in the program?