

## Landlord Risk Mitigation Fund Tenant Enrollment Form

### **For Coordinated Entry Enrollments:**

This enrollment form should be completed after a client has completed a Coordinated Entry Housing Needs Assessment, and been referred/accepted to the Landlord Risk Mitigation Fund's Program through the Coordinated Entry System's Priority List.

Please enter the date agency accepted the referral from the Priority List:

### **For Non-Coordinated Entry Enrollments:**

Please select this box if your agency does not participate in coordinated entry, or if your client declines to have their information released into the Homeless Management Information System (HMIS). By checking this box, the supportive housing service agency certifies that their client needs housing assistance with case management, without this program, the client's barriers to accessing housing are likely to result in the client remaining homeless. Reasons for non-coordinated entry can include:

- Agencies providing services to victims of domestic violence
- Agencies that don't participate in coordinated entry, including sovereign tribal nations
- Client has declined to complete the release of information for any reason (do not include any identifying client information if the client declines to release their information)

### **Head of Household (print name)**

Please answer the following questions to the best of your ability. You may refuse to answer any question. This information is for service connection and will not be shared with any landlord or property management company. This information may be used to match applicant with potential rental units.

1. Is this client currently homeless and the head of their own household?
  
  
  
  
  
  
  
  
  
  
2. Is the client under 25 years old?

3. Is the client enrolled in another supportive housing program with rental assistance?

If yes, please list the agency providing rental assistance:

If yes, please list the type of supportive housing program your client is enrolled in:

When does this client's rental assistance end? (if applicable)

4. Where are you currently residing?

5. How many adults (anyone 18+) are in the household?

List the names of all adults, other than the head of household:

6. How many children (under 18) are in the household?

7. Is anyone in the household currently pregnant?
  
8. What size unit does the family qualify for (# bedrooms)?
  
9. If housed, would you be able to pay rent?
  
10. Do you have past court evictions?

If yes, how many?

11. Do you have poor credit history, or no credit history?
  
12. Do you have any positive landlord references?

13. Do you have any negative landlord references?

14. Do you owe any landlords or utility companies money?

If yes, how much?

If yes, is it a public housing agency?

15. Do you have any misdemeanors?

If yes, how many?

If yes, how long ago was the most recent?

16. Do you have any felonies?

If yes, how many?

If yes, how long ago was the most recent?

17. Have you ever been convicted of any violent, sexual, drug or arson crime?

If yes, please explain:

18. Do you have to register as a predatory offender?

19. Are you fleeing domestic violence?

20. Have you ever moved out of an apartment without notice or warning?

If yes, How many times?

21. Is there any other information you'd like to provide, or anything for which you'd like to advocate?  
(Example: what are your client's strengths and/or additional barriers?)
- a. Case Manager instructions: *please describe your client's strengths and/or current efforts to improve their current situation? (Mental health therapy, substance use disorder treatment, working with probation officer, working with social services, or any other strength-based attributes).*

**Please Review the Program Requirements (to be signed with lease on Enrollment Certification)**

- 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 NW CoC 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)
- 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 the

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: Margret Treuer, [margret@nwmf.org](mailto:margret@nwmf.org) or at 218-759-2057 ext. 5130

The NW MN Landlord Risk Mitigation Fund is a partnership of agencies between the Northwest Minnesota Foundation and the supportive housing service providers partnering with the Northwest Continuum of Care (full list attached). The Landlord Risk Mitigation Fund's Advisory Committee members, the Northwest Minnesota Foundation, and the Northwest Continuum of Care's partnering agencies will share information to provide a more coordinated homeless response system. The information from the Landlord Risk Mitigation Fund's Tenant Enrollment is shared for the purposes of:

- Assessing my household's program eligibility
- Prioritizing my household's need for services
- Linking my household to the most appropriate services
- Evaluating the Landlord Risk Mitigation's program and system performance
- Evaluating the homeless response system for gaps, needs, and duplication.





201 3rd Street NW  
 Bemidji, MN 56601  
 218.759.2057  
 800.659.7859  
[www.nwmf.org](http://www.nwmf.org)

- This form authorizes the following identifying information to be shared through the Landlord Risk Mitigation Fund Program:
  - Family/household information
  - Income and benefits information
  - Education and Employment history
  - Housing history and barriers
  - Homeless status and history
  - Veteran and discharge status
  - Program and service involvement and contracts
  - General health information, including physical health and behavioral health (not including case records)

**This authorization is voluntary and strictly for sharing information needed for entering and moving through the Landlord Risk Mitigation Program and may NOT be used for any other purpose. The information collected, maintained and stored by the Northwest Minnesota Foundation, and shared with service providers may include records relating to your behavioral and/or mental health, alcohol and drug abuse treatment, HIV/AIDS, and genetics. This information is necessary for determining your eligibility for housing and services. You will not be denied help if you do not want to sign this form or if you do not want to allow the Landlord Risk Mitigation Program to share your personal information. You have the right to review the information that is shared. You have the right to revoke this authorization at any time by giving verbal or written notice of revocation to this Agency or the Northwest Minnesota Foundation. Revoking this authorization will not affect any action taken or information shared prior to notice of revocation. You can cancel this consent at any time by calling the Agency contact listed. You will be given a copy of this authorization.**

I agree to have my information shared for the purpose of the Landlord Risk Mitigation Program as explained above.

By signing this form, I acknowledge that I completely understand what has been presented to me and I agree to allow my information to be shared through the Landlord Risk Mitigation Fund Advisory Committee. This authorization takes effect the day that I sign it and expires upon my request.

PARTICIPANT NAME	SIGNATURE	DATE

AGENCY NAME	AGENCY CONTACT	PHONE	EMAIL	DATE



Northwest  
Minnesota  
FOUNDATION

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Bemidji, MN 56601  
218.759.2057  
800.659.7859  
**[www.nwmf.org](http://www.nwmf.org)**

All enrollment forms should be submitted to the Northwest Minnesota Foundation's staff:

Margret Treuer:  
Program Officer  
Email: [margret@nwmf.org](mailto:margret@nwmf.org)  
Phone: 218 759 2057  
ext. 5130