

Landlord Risk Mitigation Fund Claim Form

This form is for Landlords, or their Agents who are seeking reimbursement for losses incurred from tenancies covered under the Governor’s Executive Order 23-02 Rehousing Initiative. Funding applies to Rental Agreements issued as of July 1, 2023, through June 30, 2025, for households who received move-in cost assistance of security deposit/first month’s rent through ALL IN Prevention **or** Re-housing assistance **and** are entering into a new lease/rent agreement are eligible to offer their landlord this opportunity. The LRMF claim form and required documents can be submitted to:

- 1) Lane County Human Services Division, 1132 Lawrence Ave., Eugene, OR 97401 Attention: LRMF, or;
- 2) Emailed to: riskmitigationfund@lanecountyor.gov or;
- 3) <https://www.cognitofrms.com/LaneCountyTechnologyServices/LandlordRiskMitigationProgramClaim>

You must complete and include the Landlord Agreement with your claim packet. You can find it on the county website:

[Landlord Risk Mitigation Fund - Lane County](#)

Note: All supportive documents may be uploaded into the Cognito Form above for fast and easy submission.

Important: Damage claims require photo documentation and may also include an onsite inspection. Claims are limited to \$20,000 above security, pet, and other deposits. All claims and supportive documentation must be submitted to Lane County within two months following the later date that either: (a) the tenancy terminates; (b) the Landlord obtains possession of the dwelling unit, or (c) rental payments to the Landlord from the All-In Rehousing Initiative program ends. Vacancy loss reimbursement is limited to the greater of two months’ rent or \$2,000. Please refer to the Landlord Agreement for full program details.

Landlord Information			
Name:			
Address:			
City:	State:	ZIP Code:	
Phone:	Email:		
Property Address for which Claim is Requested:			
Tenant Information			
Name(s):			
Last Known Address:			
City:	State:	ZIP Code:	
Phone:	E-mail:	Fax:	
Lease Sign Date:	Move Out Date:		
Reimbursement Request			
Loss Type	Amount		
Property Damage	\$		
Vacancy Loss Due to Repairs/Eviction <small>(Max \$2,000 or up to two months' rent), whichever is greater)</small>	\$		
Cleaning Unit – Including biohazard material if applicable	\$		
Clearing/Hauling Services	\$		
Unpaid rent and utilities for which the tenant is responsible	\$		
Late fees or lease-break fees (excluding cost of eviction).	\$		

Other costs related to lease violations by tenant. (At the discretion of the county).	\$
SUBTRACT all deposits and other payments to Landlord:	\$
Total Reimbursement Request (not to exceed \$20,000):	\$

Signed copy of Landlord Agreement

Copy of the Rental Agreement (all pages, including addendums).

Provider Verification Letter (to the Landlord)

Final accounting containing an itemization of damages, unpaid rent, and vacancy, and other loss.

Completed W-9 showing the individual/company payee.

Photo documentation of damages (if available). Subject to on-site inspection at discretion of the county.

Legal Certification:

The landlord (property manager or agency) attests by signing this document that all entries including all attachment entries are true and correct, and that they have the express permission to request this reimbursement on behalf of the property owner.

Signature

Printed Name

Date

FOR LANE COUNTY OFFICE USE ONLY

Date Claim Received:		(Intentionally left blank)	
Date Landlord Agreement Signed:		Claim Payment Amount:	
Date Approved by HSD Staff:		Date Check Requested:	