

Participant Information			
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Participant Name:			
Unit Address:	City:	State:	Zip Code:

As established by the HUD Notice CPD-20-08, landlord incentives for repair and/or maintenance are eligible expenses under Housing Relocation and Stabilization Services for both Homelessness Prevention and Rapid Re-Housing. MSHDA will allow for reimbursement of these costs only under ESG-CV.

**Under ESG-CV, total landlord incentives (including signing bonus, security deposits, repair/maintenance) cannot exceed three (3) times the rent charged for the unit. Repair and maintenance costs are limited to \$1,500 total. This assistance can only be accessed one time by any household eligible.** Landlords can submit invoices for payment or reimbursement of costs detailed below. To fulfill payment, the landlord must supply documentation of the eligible costs. Additionally, the participant, landlord, and MSHDA ESG-CV grantee staff must attest to the eligibility of the cost by signing this form.

**Instructions:** This form is to be completed by ESG program staff to certify participant eligibility for ESG services. If any of the following scenarios apply to the participant household, check the box applicable and place this form and documentation of the costs to support the scenario listed in the program participant's file.

Repair and/or Maintenance
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<input type="checkbox"/>	Paying the cost to repair damages incurred by the program participant not covered by the security deposit or that are incurred while the program participant is still residing in the unit.  Cost: \$ _____ Amount Requested: \$ _____ Amount Paid: \$ _____  Description of repair: _____
<input type="checkbox"/>	Paying the costs of extra cleaning or maintenance of a program participant's unit or appliances.  Cost: \$ _____ Amount Requested: \$ _____ Amount Paid: \$ _____  Description of maintenance: _____
*Reimbursement for these costs is limited to three (3) times the rent charged for the unit or \$1,500.00 total (whichever is less) once per household for the period of the grant (1/1/2021 to 9/30/2022).	

Participant Certification
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I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.	
Participant Signature:	Date:
Participant Name:	

Owner/Landlord Certification
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I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.	
Owner/Landlord Signature:	Date:
Owner/Landlord Name:	

Agency/Staff Certification
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I certify that, to the best of my knowledge and belief, all the information presented and attached to this form is true, accurate, and complete.	
Staff Signature:	Date:
Staff Name:	