



Housing Choice Landlord Guarantee Program Application

This form is for HUD Housing Choice Voucher Program, Section 8 landlords seeking reimbursement for unpaid rent and damages incurred by past Housing Choice voucher tenants. The following information is required to be submitted to Oregon Housing and Community Services.

Please note: Applications are for reimbursement of unpaid rent, property damage, and attorney & court fees. Claims are limited to amounts in excess of \$500 and less than \$5,000. A court judgment is required for all claimed amounts and must be attached.

Landlord/Payee:

Name listed on court judgment: _____
 Mailing or Contact Address: _____
 City/State/Zip: _____
 Phone: _____ Email: _____

Reimbursement Request:

Amount

Unpaid Rent		_____
Property Damages		_____
Other Damages (i.e. attorney & court costs)		_____
Total Claim Amount (Must match or be less than court judgment.)		_____
Total Payments toward judgment received by landlord from any source.		_____ (use a minus sign)
Total Payment due landlord (not to exceed \$5,000)		_____

Tenant Information:

Tenant Name: _____
 Last Known Address: _____
 City/State/Zip: _____
 Address where damages occurred: _____

Amount of Claim: _____
 County of Claim: _____

Housing Authority Information:

Housing Authority Name: _____
 Address: _____
 City/State/Zip: _____
 Contact: _____

Court Judgment Information:

Judgment entered date: _____

Judgment Case Number: _____

Required Attachments:

- Small Claim and Notice of Small Claim Form
- Court certified copy of final judgment (must identify landlord presenting the claim, the responsible tenant, and award amount)
- Final security accounting containing an itemization of damages, unpaid rent, and vacancy loss
- Pre and post inspection reports (if available)
- Housing Choice Voucher Program Part A Agreement identifying dates of agreement, the landlord, tenant, and housing authority
- Completed W-9 showing the individual/company payee, ([Download W-9 Form here](#))

Legal Certification:

The landlord (or property manager) attests by signing this document that all entries including all attachment entries are true and correct. Landlord will report within 10 days any payment on the judgment received after submission of this application for reimbursement and/or after reimbursement is received. The landlord also attests that no appeal of judgment has been filed or received related to this application for payment.

Landlord agrees to file a full or partial (as the case may be) satisfaction of judgment in the amount of the reimbursement with the court which issued the judgment within 30 days of payment from the guarantee program or any source. Landlord also agrees to send a copy of the filed satisfaction of judgment, within 10 days of filing, to the Landlord Guarantee program analyst at the address found at the top of this form.

Signature

Date

Printed Name

For OHCS Office Use Only	
OHCS Receipting Dates	
Received:	_____
PHA Contact:	_____
PHA Verified on:	_____
Reviewed but not approved:	_____
Approved:	_____
Sent to Fiscal:	_____
Fiscal Paid:	_____
Satisfaction of Judgment Received:	_____