

Landlord Incentive Program Application Checklist

This form is for Boston area providers who are requesting landlord incentives from the Landlord Incentive Program operated by New Lease. The following forms must be completed, appropriately signed, and attached to this request before an incentive payment can be processed.

Required documents for *all* program participants:

- ☐ Signed lease is attached.
- ☐ W9 for property owner/representative receiving incentive payment is attached
- ☐ Boston Housing Authority Payment Request Form attached (with additional documentation as needed)
- ☐ Document Verifying Homeless Status in Boston (Homeless Status Letter, HMIS Printout, etc.)
- ☐ Mailing Address and Check Payable Name:

Owner Name:

Owner Mailing Address:

Broker Fees

Real Estate Brokerage (Office): _____

- ☐ Completed W9 for Real Estate Brokerage

Repairs/Cleaning Cost

- ☐ Invoices and receipts showing proof of payment

Please select the reason(s) for your request for landlord incentives below (*please select all that apply*):

- ☐ Landlord offered their unit to the program once offered a landlord incentive.
- ☐ Landlord was willing to amend screening criteria or monthly rent amount for a landlord incentive.
- ☐ Landlord was willing to update their unit to meet inspection criteria once offered a landlord incentive.
- ☐ Other, please specify: _____

Boston Housing Authority Payment Request Form

Participant and Unit Information:

HOH Name: _____ Date of Birth: _____

HH Type: ☐ Individual ☐ Family HMIS #: _____

Program Funding Type: ☐ CoC RRH ☐ CoC PSH ☐ BHA EHV ☐ BHA HCV Other: _____

Unit Address (Include Unit #, City, and Zip):

Monthly Rent Amount: _____ Bedroom Size: _____

Please select the type of incentives requested:

- ☐ Lease Signing Bonus (equal to one month's rent) \$ _____
- ☐ Additional Signing Bonus Amount (if applicable) \$ _____
- ☐ Broker Fee \$ _____
- ☐ Retention Bonus (if renewing the lease) \$ _____
- ☐ Repairs or Cleaning Costs (documentation needed) \$ _____

Total Amount Requested (cannot exceed three month's rent amount) \$ _____

Has this HOH exceeded 3 months' rent requested (including this or any previous request) ☐ YES ☐ NO

Referring Agency: _____ Advocate/Case Manager: _____

Advocate/Case Manager Email: _____

Program staff hereby certifies the above information is complete and accurate

Advocate/Case Manager Signature: _____

****Please email 1 PDF with completed checklist, payment request form, and supporting documents to Jason La Force, jlaforce@newleasehousing.org, Landlord Engagement Manager at New Lease, ONLY FULLY COMPLETED and EXECUTED REQUEST will be submitted****

-----Below section to be filled out by New Lease Staff-----

Please select the type of funding to be released:

- ☐ City of Boston Funding (Individual)
- ☐ City of Boston Funding (Family)

New Lease hereby certifies that the request packet was approved and meets requirements:

NL Staff Name: _____

NL Staff Signature: _____

Date: _____

Additional Signing Bonus Certification Form

Landlords are eligible for up to an additional one month rent if they rent to a high-barrier client, accept a shared housing situation, or have an ADA/521 CMR accessible unit. Program staff should use this additional incentive as needed, particularly when landlords would not rent to a household without an additional incentive. The amount of the additional incentive will be negotiated between the program staff and the landlord, but must not be more than one month's rent.

Check all of the following that apply to this situation:

☐ Client is High-Barrier: defined as having at least 2 of the following 3 barriers

☐ CORI with a felony (including SORI)

☐ Eviction History

☐ Poor Credit Score (500-600)

☐ Shared Housing: defined as a unit with 2 or more bedrooms being shared by individual households on separate leases

☐ ADA/521 CMR accessible unit: wheelchair accessible units, equipped with a roll-under stove and sink, bathrooms fully wheelchair accessible and ideally a roll-in shower.

Program staff hereby certify that the requirements outlined above have been verified and an additional sign on bonus is appropriate:

Additional Signing Bonus Amount: _____

Program Staff Name: _____

Program Staff Signature: _____

Date: _____