



Housing Authority of the City of Reno

LANDLORD INCENTIVE PROGRAM REQUEST FOR SECOND MONTH HAP

Owner/Manager Name: _____ Phone Number: _____

Date of Request: _____ Date Unit Vacated: _____

Tenant Name: _____ Client #: _____

Unit Address: _____

As an owner/manager participating in the Housing Choice Voucher (HCV) program, you may request a payment in the amount of one additional month's Housing Assistance Payment (HAP) if a tenant of the program vacates their unit for one of four reasons, or upon discovery of damages after move-out.

Please indicate the circumstance that applies to this request and provide the necessary documentation to support it:

- ☐ The tenant passed away while residing in the unit. Documentation of death must be provided.
- ☐ The tenant vacated the unit without giving proper notice. Owner/manager must provide documentation to support the claim that the tenant vacated without proper notice.
- ☐ The tenant was evicted from the unit for cause or non-payment of rent (no-cause evictions are not included). A copy of the eviction or lock-out notice must be provided.
- ☐ The tenant's housing assistance through RHA was terminated. No documentation required, RHA will substantiate this claim through a review of the file.
- ☐ The tenant caused damage to the unit in excess of their security deposit which was discovered after their move-out. A copy of the deposit accounting must be provided.

All requests must be received by RHA no later than 30 calendar days from the date the unit was vacated.

Owner/Manager Signature: _____ Date: _____

RHA Use Only

Required Documentation Received: **Y** **N** Approved: _____ Denied: _____

RHA Management Signature: _____ Date: _____