

# LANDLORD GUARANTEE PROGRAM - PILOT CLAIM FORM

Date Submitted:	
Tenant Name:	
Tenant Address:	

## APPROVED CLAIM MADE PAYABLE TO (must match W-9 on file):

Landlord:		
Company Name:		
Street Address:		
City:	State:	Zip Code:
Telephone Number:		

## CLAIM INFORMATION:

Category	Requested Cost	Description
Unit Damages	\$	
Lost Rent	\$	
Court Costs	\$	
Other	\$	
<b>Total</b>	<b>\$</b>	

*All costs summarized above have been incurred by the Landlord during the tenancy of the above named tenant and documentation of costs has been provided with this claim form.*

**LANDLORD SIGNATURE**

**PRINTED NAME**

**DATE**



City of Boston  
Mayor Martin J. Walsh



Neighborhood Development

Version 1.0 | February 2017

**FOR AGENCY USE ONLY:**

Date Reviewed:	
Reviewed By:	
Partner Agency/Case Manager:	

<b>INTERVENTIONS:</b>	<b>Date(s)</b>	<b>Comments</b>
Referral to Case Manager		
Phone Coaching for Landlord		
Referral for Dispute Resolution Services		
Other:		
Other:		

**OUTCOME:**

	Tenancy preserved
	Tenancy dissolved/ household successfully relocated
	Tenancy dissolved/ household not successfully relocated

**CLAIM INFORMATION:**

<b>Category</b>	<b>Requested Cost</b>	<b>Description</b>	<b>Approved Cost</b>
Unit Damages	\$		\$
Lost Rent	\$		\$
Court Costs	\$		\$
Other	\$		\$
<b>Total</b>	\$	Approved by:	\$

**CLAIM PROCESS:**

<b>Step</b>	<b>Reviewed/Approved</b>	<b>Date</b>
Approve claim		
Request payment from NOAH		
NOAH processed claim		

