CLAIM FOR VACANCY LOSS PAYMENT

This form is to be used to request vacancy loss compensation for a unit available for occupancy yet held vacant and reserved for persons in a Target Population. The Owner of such a unit may claim a vacancy loss payment if either (1) the unit is held vacant while waiting for a Target Population resident to move in or (2) a waiver has been granted after the unit is available and held for occupancy for a Target Population resident. Vacancy loss payments are only available for periods of 60 days or less.

**Requestor Contact:**

Person Submitting Request:       Title:

Contact Information: (ph)      (email)

**Property Information**

Property Name:

Building Identification Number (if property is tax credit):

Occupancy rate in property:       Total # of units in property:

Unit for which vacancy loss payment is being claimed:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. Unit # | B. # of bedrooms | C.Date unit available for occupancy\* | D. Date occupied by tenant | E. Date waiver approved by DBHDS | F. Days elapsed between C and D or C and E | G. Monthly contract rent | H. Daily rent (G / 30) | I. Amount of claim (F x H x .8) |
|       |       |       |       |       |       |       |       |       |

\*For all units, the date the unit was “made ready” and available for occupancy.

Provide the reason the resident moved in later than the date the unit was available for occupancy or the reason a waiver was given:

The undersigned certifies to Virginia Housing that the above information is complete and correct, and that the unit was in decent, safe, and sanitary condition and available for occupancy during the vacancy period for which the payment is claimed.

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Owner or its Agent Date

Please attach (1) work order or report indicating unit readiness date; (2) rent roll indicating tenant move-in date; and (3) ACH routing information or for a paper check, payee name and address. Submit all documents in **one** pdf package to compliance@virginiahousing.com.

**Virginia Housing ONLY**

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| --- | --- |
| Amount approved:       | Explanation if full amount requested is not granted:       |

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Virginia Housing representative Date Virginia Housing representative Date