



Minneapolis Property Owner Incentive Fund  
Damage Claim Release (Must be submitted)

Please read and initial each statement below. If any of these statements don't apply, this claim will not be eligible for reimbursement. Once completed this release must be included with the initial packet submission at <https://bit.ly/MPHA-Damage-Claim>.

js The initial lease for the unit and tenant was 2018 or more recently

js The tenant vacated the unit within the last 21 days

js I will provide MPHA with copies of all receipts, invoices, and estimates for damages

js I will provide MPHA with photos of all damages

js I will provide MPHA with all documentation in accordance with MPHA's damage claim policies

js I understand that the maximum claim amount is \$2,500

js I understand that the program requires the owner and the tenant to discuss the damages, and where possible, negotiate to mutually address and resolve the outstanding balance prior to MPHA considering the claim.

js I understand that if the tenant decides to contest the charges, I will be required to file a claim in court or enter into mediation prior to MPHA considering the claim.

js I understand that if I pursue legal action regarding the damages, and dismiss the action for any reason, or if judgment is found in the former tenant's favor, MPHA will consider the claim to be resolved, and no additional action will be taken.

js I understand that if the former tenant attempts to negotiate a payment arrangement, and I refuse to work with the participant in good faith, the damage claim may be denied.

js I will provide all additional documentation regarding this damage claim that is requested.

js If additional documentation is requested, I will have 10 business days to provide it, or this claim may be denied.

js I understand that MPHA's decision is final and not subject to appeal

js I agree that I will not seek compensation from the tenant for damages that are covered and awarded under this fund.

js I agree that all information provided is true, correct, and complete to the best of my knowledge and recollection.



**Minneapolis Property Owner Incentive Fund  
Damage Claim Form (Must be submitted)**

**Property Owner Information**

Name: <b>Jane Smith</b>		If Company/Organization, specify contact person:	
Mailing Address: <b>1234 Some St. Unit 1</b>			
City: <b>Minneapolis</b>		State: <b>MN</b>	Zip: <b>55400</b>
Phone: <b>(612) 123-4567</b>		Email Address: <b>jane.smith@gamil.com</b>	

**Unit Information**

Unit Address: <b>1234 Some St. Unit 2</b>			
City: <b>Minneapolis</b>		State: <b>MN</b>	Zip: <b>55400</b>
Tenant Name: <b>John Tenant</b>		Date Tenant Vacated: <b>12/31/24</b>	

**Damage Claim Information**

Total Balance Owed (After applying Security Deposit and interest):	<b>\$ 1,500.00</b>
Total Amount for Tenant Caused Damages (TCD Amount):	<b>\$ 1,000.00</b>
Total Reimbursement Requested (Lesser of TCD Amount or \$2,500):	<b>\$ 1,000.00</b>

I understand and agree that any payments made under this claim are my sole remedy for damages to the Unit covered by the Minneapolis Property Owner Incentive Fund. In exchange for the payment, I agree to release the Tenant, the Minneapolis Public Housing Authority (MPHA) and the City of Minneapolis of all claims existing now and into the future for damages to the covered Unit to the extent covered by the payment under this Fund.

*Jane Smith* 1/20/25  
Signature Date



Minneapolis Property Owner Incentive Fund  
Damage Claim Statement (optional)

Item Description: (only group like items together)	Single Amount	Quantity	Total Amount
Blinds - replaced	\$ 35.25	4	\$ 141.00
kitchen window broken - replaced	\$ 250.00	1	\$ 250.00
Replace 50 sq foot of carpet	\$ 300.00	1	\$ 300.00
Replace kitchen cabinet hardware	\$ 6.00	4	\$ 24.00
Patch holes in walls	\$ 45.00	4	\$ 180.00
Paint patched holes	\$ 26.25	4	\$ 105.00
<b>Total:</b>			<b>\$ 1,000.00</b>