

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.

Property Name:		VHDA #:
Requestor Name:		Title:
Phone:	Email:	

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)

*The date the unit was "made ready" and available for occupancy.

The undersigned certifies to Virginia Housing that the above information is complete and true, and the unit was available for occupancy during the vacancy period for which the payment is claimed.

Owner or its Agent/Title

Date

Please attach (1) work order or report indicating unit readiness date; (2) rent roll indicating tenant move-in date; and (3) payee name and address where the check should be mailed. Submit all documents in **one** pdf package to compliance@virginiahousing.com.

Virginia Housing ONLY

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

Virginia Housing Representative/Title

Date