

## Client Advocate Letter Guide

Please use the below template as a reference for how you can advocate on a client's behalf. This is intended to be filled out by the case manager with the client and could even be used as a phone script for the client.

To [Landlord/Property Manager]:

Please let this letter serve as verification that [CLIENT NAME] is enrolled in services at [ORGANIZATION NAME]. These services include: [financial support, case management services, and other supportive services] with the goal of helping [CLIENT NAME] maintain housing stability. \*Use this space as an opportunity to explain the program and type of housing the client is receiving. Keep it simple. Please explain any security deposit or application fee services available from your organization\*

\*Highlight any positives aspects and strengths you see in your client here. Are they involved in their community? What progress has been made?\*

\*If any criminal or rental barriers are in the client's background, please elaborate as necessary. Do not disclose more information than is needed but be transparent and list the services the client is engaged in both within and without the organization to mitigate concerns the property might have\*

Our program works to support both our clients and the property management companies at which they live. Should this applicant be approved, it is part of my job to facilitate addressing any concerns, should they arise. Part of our responsibilities includes meeting with the potential tenant at their home to help them resolve any identified tenant matters as needed and [include other aftercare mediation services available].

Thank you for your consideration in partnering with us to end homelessness in Lake County, Illinois. If you have any further questions or requests, please do not hesitate to contact me at xxx-xxx-xxxx or by email at <insert email>.

Thank you,

[Case Manager Signature]

# Lake County Coalition for the Homeless Cover Letter

Applicant Name:

Service Provider:

Household Size:

Subsidy Type:  Rapid Re-housing  Permanent Supportive Housing  HUD-VASH  
 Section 8 Voucher  None

Income Amount:

Income Source:

Personal Narrative:

Outline of Payment Sources:

Rent:

Security Deposit:

Utilities:

Admin Fees:

All clients applying through the Coordinated Entry System have access to the Landlord Risk Mitigation Fund. Visit <http://www.lakecountyhomeless.org/landlords>

Services Received & Benefits of the Program:

## Contact Information

Case Worker/ Housing Navigator Name:

Email:

Landlord/Housing Coordinator Name:

Email:

Applicant Phone Number:

Email:

The information provided in this cover letter is not meant to be exhaustive or comprehensive. The property / landlord is still responsible for background checks. This cover letter may provide context to potential events, but does not guarantee mention of all information found in a background check. The outlined financials and services may be subject to change upon communication from the case worker. To contact the LCCH with suggestions, submit a contact form at <http://www.lakecountyhomeless.org/contact-1>.

# Lake County Landlord Risk Mitigation Fund Information Sheet

The Landlord Risk Mitigation Fund, administered by **Community Partners for Affordable Housing**, is one of the financial benefits to accepting tenants partnered with a service agency. The Fund provides financial protection in cases where renting to homeless clients results in additional tenancy costs

## Financial Benefits

If a claim is made on the fund, landlords will be eligible for:

- Damages in excess of the security deposit and a \$250 deductible, **up to \$2500**
- Up to **two months** of vacancy loss if renting to another Coordinated Entry client.

## Eligibility

Any unit leased to a tenant referred through the **Coalition's Coordinated Entry System** is eligible. The tenant's service provider will take photos. Landlords and tenants will sign a lease rider.

Claims to CPHA will be reviewed and discussed with tenant's case manager.

Contact Your Tenant's Case Manager

For more information visit:

[lakecountyhomeless.org](http://lakecountyhomeless.org)

# **Landlord Risk Mitigation Fund Rider to Lease**

This Rider to Lease is attached to and made a part of the lease agreement and is between the Landlord, Lake County Coalition for the Homeless (LCCH) Coordinated Entry and the Tenant. By the execution of this Rider the following items shall be added to the lease to comply with the Landlord Risk Mitigation Fund (LRMF):

1. **Occupancy:** Unit must be occupied by an LCCH Coordinated Entry (CE) client. During the occupancy, the landlord will work directly with the LCCH Housing Provider (Provider) if there are issues with the tenant or unit.
2. **Lease Term.** The term of the lease is for one year.
3. **Inspections:** Landlord will agree to an inspection of the unit by the Provider prior to move in or rider execution date and the unit must meet the Housing Quality Standards. Any failed items must be addressed prior to executing the lease.
4. **LRMF Reimbursements/Claims:** Landlord must work directly with the Provider to submit claims. The following process will be followed:
  - a. **Damage claims:** In the event there is excessive damage while the client is in the unit, the Landlord will apply the deductible of \$250 to any damages first. In the event there is excessive damage when the client exits the unit, Landlord will apply the security deposit and deductible of \$250 to any damages first. The Provider will work with the Landlord to complete necessary paperwork to submit the claim for eligible damage costs up to the maximum amount allowed. The Landlord will submit the claim to CPAH. Damages not covered by the security deposit and the deductible can be submitted up to a maximum of \$2,250. Claims are for damages, excessive cleaning, and extermination.
  - b. **Vacancy loss:** In the event the client exits the unit prematurely, the Provider will work with the Landlord to house a new client in the unit. Once housed, the Provider will work with the Landlord to submit a claim for vacancy loss for up to the value of two months' rent if the unit is re-leased to a CE client.
  - c. **Submittal of claims:** Landlords must notify the Provider regarding a potential claim. Claims require confirmation from the Provider prior to payment. Please see the Program Manual for more information on submission of eligible claims.

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Tenant signature

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Date

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Landlord

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Date