



OHCS Permanent Supportive Housing Risk Mitigation Pool Claim Form Instructions

The following are instructions to assist with filling out and submitting the OHCS Permanent Supportive Housing Risk Mitigation Pool (PSH RMP) Claim Form. Before completing the documentation, please make sure that you have all corresponding invoices/bids/receipts available to submit. Once completed, email the Claim Form to RMP@hcs.oregon.gov.

You will need to fill out the grey shaded cells.

Step 1: Filling out “General Info” tab

Please note, “Date of Claim Submitted” is the Date Filling out the Form and submitting.

A) Owner Information

- i. This is the section to fill out information regarding the Property Owner. To include Property Owner Name, The Owner EIN #, Mailing Address, Street, City, State, and Zip Code
- ii. Geographic Area of Services: This should notate where the geographic area of services. The options are Portland/Metro, Non-Metro Urban, and Rural.
- iii. Culturally Responsive Nonprofit Organization: If your agency identifies as a one, please indicate so.
- iv. DEI Agreement: If you identify as culturally responsive nonprofit organization you will need to have the DEI Agreement filled out. Answer yes if so. If not, please use the link to fill out the agreement: [DEI Agreement](#)

B) Contact Information

- i. Please input contact information for the individual filling out the form. This section includes Name, Organization, Title, Phone, and Email.

C) ACH Information for Reimbursement

- i. This section is for information regarding the payout process for Claims. It will be used to determine which ACH account the funds will be sent too. If a new ACH needs to be filled out, please email RMP@hcs.oregon.gov and the form will be sent.

D) Property and Unit Information

- i. The section is dedicated for filling out the Property Name and Address associated with the Claim. The section will be used to determine the Claim Limit for the Project.
- ii. Fill out the Total # of PSH Units on the Property. This is the total amount of PSH units in the property. It is broken down by the type of PSH Units with the Maximum Amount of Claims for the Unit. (See Example 1)
- iii. Indicate the Total amount being requested in the Claim being submitted. The amount should not be the Maximum amount of Claim for property but the total amount being asked for reimbursement.



Example 1:

Total # PSH Units on Property			60				
Breakdown of PSH Unit Type Profile at property	# of PSH units	Unit Type	Max for Each Unit				
		SRO	\$10,500.00				
	60	Studio	\$12,600.00			Maximum Amount of Claim for Property	
		1-Bedroom	\$14,000.00			\$756,000.00	
		2-Bedroom	\$20,300.00				
		3-Bedroom	\$25,000.00				
	4+Bedroom	\$30,000.00					
Total Amount of Claim Being Requested			\$65,000.00				

*For example, the property has 60 Studio PSH Units. The maximum amount of the claim for property is calculated by taking the number of the type of PSH units and multiplying it by the maximum type. For the example 60, Studios multiplied by \$12,600.00 is equal to \$756,000.00. The Maximum amount of claim for this property is totaling \$756,000 for the duration of 10 years.

E) Type of Claim Submitted

- i. This section you will indicate what type of Claim you will be submitting for, Physical, Operational or both.
- ii. Please indicate the PSH Unit # that is the source of the Claim. This number will repopulate throughout the document. Please indicate the Tenant first initial and last name.
- iii. Indicate the Unit Type the source of the claim unit
- iv. Indicate whether the unit is a “fixed” or “floating” unit. Fixed meaning the unit will always be used for PSH tenants.
- v. Move-in date is the date that the tenant “moved in” to the source unit.
- vi. Move-out date is the date the tenant officially vacated the unit. Only fill out if applicable.

F) Eligibility Requirements

This section is dedicated for respondents to indicate how they are eligible for RMP reimbursement funding. Please answer the following in detail. The questions are:

1. Is the property involved in the claim a part of OHCS's Affordable Rental Housing Portfolio? What source of development capital and/or operation funding has the property received?
2. Please describe how your property utilizes Coordinated Entry or another OHCS-approved referral process to occupy PSH units.
3. Please confirm PSH-level services at the property. Who is the Services Provider? What is the funding utilized to pay for ongoing services? Are services delivered on-site?
4. What project-based rental assistance is utilized at the property for PSH units?

G) Funds Already Secured for Claim (if applicable)

This section is to be filled out if information is applicable to your project.

- i. Tenant Security Deposit: If tenant had paid a security deposit, please indicate that amount.



- ii. Amount of Deposit Used for other Charges: If the deposit amount was used to pay other charges or damages.
- iii. If there were other successful collections that were recovered from Tenant, please indicate that amount for "Other Successful Collections from Tenant"
- iv. Reimbursement from Insurance and Other Funds: If funds have already been collected or applied for the assistance of damages for the unit, please indicate that here. This could also include where funds from other RMP sources have been applied for. Indicate where the source of the funding came from.
- v. Amount of Any Related Insurance Claim(s): If there was an insurance claim that was filed for this unit, please indicate that amount here.
- vi. # of Previous Claims: If there was a number of insurance claims for this unit please indicate so.
- vii. Insurance Deductible (per Claim): Please go ahead and indicate the deductible paid for this unit.

H) Additional Information

- i. If there is any additional information about the claim that we would need to know, please indicate that in the narrative block.
- ii. If you have exhausted your local RMP resource. If you have, please provide email confirmation of that.

I) Confirmation of Submission

- i. Name of the Property/Owner that is certifying the information
- ii. Signature block is required to be filled out for certification

Step 2: Physical Damage

This section should only be completed if claim is indicating any physical damages conducted towards the unit. Only the grey shades piece will need to be filled out. White cells and Green Cells will auto populate from the General Info tab.

- A) PSH Source Unit: This will auto populate from the General Info tab.
- B) The PSH Unit and Unit Type: This will auto populate from the General Info tab.
- C) Date of Damage of the Unit: Please indicate the date of damage/incident.
- D) Total # of PSH Units on Property: This will auto populate from General Info tab.
- E) Total Amount of Claim being Requested: This will auto populate from General Info tab.
- F) Extended Damages:
 - i. Additional unit damages: If the source unit caused additional damages to other units you will need to indicate that on the table below. You will need to break down whether it was a PSH or non-PSH unit affected and provide the unit number. Please place those in their appropriate Unit Type category. You will then need to total up the number of PSH units and non PSH units affected. It will calculate the maximum amount of for those units impacted.



Example: The source unit had major flooding issue due to damage the tenant caused, and it leaked into a PSH studio unit (Unit #202) below the source unit. The following is how you would insert that into the table.

If Source Unit's damages affected multiple units, please fill out the following. The table is broken down to calculate impacted PSH unit and non PSH units, by the unit type. Please list the unit numbers impacted in the corresponding PSH or Non PSH unit category. The Calculated Maximum amount will appear in Additional Maximum for Units.

Additional Impacted PSH Unit Number(s)	Additional Impacted Non PSH Unit Number(s)	Unit Type	Total # PSH Units impacted	Total # Non PSH Units impacted	Calculated Maximum Amount Requested
ex. 123, 124, 125, 126	ex. 127, 128	ex. Studio	ex. 4	ex. 2	\$ 75,600.00
		SRO			\$ -
202		Studio	1		\$ 12,600.00
		1-Bedroom			\$ -
		2-Bedroom			\$ -
		3-Bedroom			\$ -
		4+Bedroom			\$ -
				Total Maximum's for Request	\$ 12,600.00

- ii. Common Areas: If the source units damages extended to common areas, please describe the narrative explanation of those damages and how they extended to the common areas.

G) Narrative

Briefly describe in detail what happened to the unit. Please try not to use personable identifiable information. If there are pictures available regarding the before and after of the extent of damages, you will be able to upload those into the Procorem Workcenter.

H) Invoice/Bid Breakdown

With the Breakdown Chart you have the ability to break down your invoices/bids by Units or possible other units or common areas damaged. Please only fill out the grey shaded cells.

Invoice/Bid Breakdown				
Use this section to list purchased services or items to address physical damage, or list total amount (\$) provided by contractors' invoices. If you don't see the unit number drop down please type the corresponding unit number(s).				
Unit(s) or Common Area	Vendor Name	Invoice #	Amount applicable to claim	Description of Deficiency and Repairs
eg. 26	eg. Home Depot	eg: 555	eg. \$200.00	eg: Wood to Repair Cabinets burned in Fire

Only fill out the shaded portion of the chart. OHCS Staff will determine whether the costs meet the eligibility criteria. You will have the ability to list whether the damage is applied to the source unit, subsequent units or common areas. Please notate the Vendor Name, Invoice #, and amount associated. Please also provide a short description of the deficiency and the repairs needed. Please not that the costs should add to the amount being requested.

If OHCS deems costs as ineligible, OHCS will place the cost in the ineligible chart.

The total amount of Eligible Items will auto populate at the end of the chart.



Step 3: Operational Loss

If there are any extraordinary operational losses associated with the source unit, go ahead and state that here. The white cells will auto populate from the previous tabs. The PSH Source Unit will auto populate from the main tab. You will need to fill out all of the grey cells.

Date of Damage/Incident (dd/mm/yyyy): Please notate the start date of when the damage/incident occurred.

Date of Operational Losses ended (dd/mm/yyyy): Please notate the end date for when damage/incident ended.

The green cells will be an automatic calculation of days.

A) Narrative

- i. This section is designed to briefly describe how the damage/incident caused operational losses. Please include dates and actions taken when/if the tenant vacated the unit. If there is rent loss indicate so. Please do not include any personally identifiable information. The more information the better.

B) Uncollected Rent

If there was an extraordinary rent that was uncollected, please indicate the total days of rent uncollected from the household. This can include rent, late fees, or lease break fees that are owed by a household but not collected, and not to **exceed 90 days**. Please fill out only the grey cells. The first line is an example.

<u>Uncollected Rent</u>							
This section should indicate any rent that was uncollected from the tenant. This can include rent, late fees, or lease break fees that are owed by a household but not collected, and not to exceed 90 days .							
	Unit #	Type of Unit	Total Monthly Rent Amount	Tenant's Portion of Rent	Total Uncollected Rent	Total Days of Uncollected Rent	Reason for Uncollected Rent
ex. Uncollected Rent	ex. 105	1 - Bedroom	\$ 750.00	\$ -	\$ 750.00	30	

- i. Uncollected Rent: notate that this is uncollected rent
- ii. Unit #: Indicate the Unit # affected
- iii. Type of Unit: Indicate whether this is a Studio, 1-bedroom, 2-bedroom, etc.
- iv. Total Monthly Rent Amount: This is the total amount being charged for rent.
- v. Tenant Portion of Rent: If the Tenant is paying a portion of their rent, please indicate how much they are paying towards their rent.
- vi. Total Days of Uncollected Rent: This is the section to indicate total amount of days of uncollected rent. Reminder this should not be over 90 days.
- vii. Reason for Uncollected Rent: This should be where there is a short description for the uncollected rent.

The total amount will be calculated at the bottom of the Uncollected Rent section.

C) Rent Loss



Rent Loss is dedicated to lost rental income during vacant turnover time when that **period exceeds 60 days** or holding units for qualified tenants **beyond 60 days**. Rent loss not eligible if a vacancy payment was received from rental assistance provider. Please fill out only the grey cells. The first line is an example.

Rent Loss

Lost rental income during vacant turnover time when that period **exceeds 60 days** or holding units for qualified tenants beyond **60 days**. Rent loss not eligible if a vacancy payment was received from rental assistance provider.

Type of Rent Loss	Unit #	Type of Unit	Total Rent Amount	Total Amount of Rent Loss	Total Days of Vacancy	Explanation for Rent Loss
ex. Unit Turnover	ex. 101	1 - Bedroom	\$ 750.00	\$ 2,250.00	90	ex. Extensive damage caused the repair to be over 60 days

- i. Type of Rent Loss: This is where you can indicate what the type of rent loss. Ex. Unit turnover over 60 days or Holding for qualified tenants
- ii. Unit #: This is where you can indicate which unit # was impacted. This could be the Source Unit or the other impacted unit numbers.
- iii. Type of Unit: This would be the type of unit that was impacted, Ex. Studio, 1-bedroom, 2-bedroom, etc.
- iv. Total Rent Amount: This would be the amount that would be charged for rent for this unit.
- v. Total Amount of Rent Loss: This would be the total amount of rent that was lost while the unit was facing turnover. For the example above the unit was vacant for 90 days (3 months) due to some extensive damage, \$750 a month rent times 3 months = \$2,250 of lost rent.
- vi. Total days of Vacancy: This would be the collective number of days the unit was vacant. Reminder to qualify it needs to be **beyond 60 days**.
- vii. Explanation for Rent Loss: This is where you can provide a small explanation for the rent loss.

D) Other Operating Expenses/Losses

The section is for other operating expenses/losses that did not fit in uncollected rent and rent loss. Other items not specifically excluded may be eligible, depending on the circumstances.

Other Operating Expenses/Losses:

Category	Reason	Invoice # (if applicable)	Vendor (if applicable)	Amount	Description of Expense
eg. Relocation	eg. Relocation due to Tenant Safety	eg. 555		\$ 500.00	

- i. Category: This is where you can describe the type of Operating expense or loss. For the example you can see Relocation as the example category.
- ii. Reason: This is where you can describe the justification for the new category.
- iii. Invoice: If there is an invoice related to the other operating expense of loss, you can notate that too.
- iv. Vendor: This is where you can notate the vendor's name if applicable
- v. Amount: This is where you can notate the amount relevant to the loss.
- vi. Description of Expense: This is where you can provide more explanation of the expense.

*Note that OHCS will review other items and make an eligibility determination on a case-by-case basis. Keep in mind: Ineligible operational claims include, but are not limited to:

- i. Insurance premiums;



- ii. Claims for supportive services;
- iii. Lost rent during the initial lease-up period of the property; and
- iv. Losses that occurred prior to January 1, 2024.

The final amounts will be populated at the bottom of the document. If OHCS deems costs as ineligible, OHCS will place the cost in the ineligible chart.

Step 4: Review and Submit

Please review the document and ensure all the necessary information is provided. Once you have all the necessary information filled out or if you have any questions, please email to RMP@hcs.oregon.gov.