

VACANCY LOSS PAYMENTS

Effective November 1, 2023, Fairport Section 8 will begin accepting applications for vacancy loss payments of up to \$500 to the first 10 landlords/owners who apply.

Vacancy loss payments are intended to compensate a property owner for the loss of rental income for a unit that was occupied by a Section 8 family but has become vacant for circumstances beyond the owner's control. The loss of rental income must be a direct result of a Section 8 participant's action or inaction that violates HUD regulation or agency policy (abandoning unit with no notice or causing excessive damage that delays unit turnover for a period of one or more months).

The payment cannot exceed the contract rent to owner under the assisted lease, minus any portion of the rental payment received by the owner and amounts withheld from the tenant's security deposit. The vacancy payment can only be used to cover the loss of rent for the month directly following the last HAP payment made to owner. Payments to cover past due rent amounts or any other cost that was incurred prior to vacancy loss date will not be approved.

Process for requesting funds:

- Property owner must complete the Vacancy Payment Application and attach a written request for payment within 14 days of the start of the loss.
- Fairport Section 8 has the right to request additional information that may be needed to verify the property owner is entitled to the vacancy payment. The agency also has the right to deny vacancy payment requests if the property owner fails to provide evidence that the vacancy loss was caused by the tenant.
- Applications should be forwarded to Jennifer Sturgis at jennifer@fairportny.com or mailed to our office at 31 S. Main Street, Fairport, NY 14450.



VACANCY LOSS PAYMENT APPLICATION

Date: _____

Name of Owner/Landlord: _____

Address: _____

Phone: _____

Name of the Section 8 participant: _____

Address of unit for which payment is being requested: _____

Beginning date of loss: _____

Description of the actions or inactions of tenant to cause loss of rental income:

Contract rent: \$_____

Less tenant payment: \$_____

Less security deposit retained: \$_____

Total request: \$_____

I _____ hereby certify that the information contained in this application is true and accurate. I attest that the vacancy loss is due to the actions or inactions of the program participant and not the fault of the landlord/owner. and that I am not requesting payment to recoup past owed balances, or for actions that occurred prior to the effective date of loss.

Signature

Date: