

### LANDLORD PROTECTION FUND – CLAIM FORM

HomeConnect has established the Landlord Protection Fund to help support landlords with eligible out-of-pocket costs resulting from a tenancy while participating in the program.

Claim ID  
(Office use only)

**Landlords must submit claims within 60 days from when the damage or loss occurred.**

#### A. Landlord Information

Legal Name of Landlord:	
Email:	Phone:

#### B. Rental Unit Address

Street Address:		
City / Town:	Province: NL	Postal Code:
Unit Type: <input type="checkbox"/> Room <input type="checkbox"/> Single family home <input type="checkbox"/> Apartment in a house <input type="checkbox"/> Apartment in a building		

#### C. Tenant Information

Legal Name of Tenant #1:	
Legal Name of Tenant #2:	
Tenancy Status:	<input type="checkbox"/> Active <input type="checkbox"/> Terminated by landlord <input type="checkbox"/> Terminated by tenant <input type="checkbox"/> Other:
Move-in Date:	Move-out Date:

#### D. Claim Type

Claim Type:	<input type="checkbox"/> Service NL Fees ( <b>Complete section E below</b> ) <input type="checkbox"/> Physical Damage / Cleaning ( <b>Complete section F below</b> ) <input type="checkbox"/> Lost Revenue ( <b>Complete section G below</b> ) <input type="checkbox"/> Other ( <b>Please attach a written description of your claim to this form</b> )
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#### E. Service NL Fees (If applicable) N/A

**Claims for Service NL fees require copies of termination notices, and any other supporting documentation. Have these been included with the claim?**

Yes  No, please explain why:

**Summary of claim:**

We require appropriate documentation if your claim includes costs for cleaning and/or repairs, so please read the questions below carefully.

<b>F. Physical Damage &amp; Cleaning Costs (If applicable)</b>	<input type="checkbox"/> N/A
<b>Individual jobs (flooring, painting, etc.) over \$1500 require three quotes/estimates. Are you providing copies?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No, I have written pre-approval from HomeConnect <input type="checkbox"/> N/A	
<b>Receipts/invoices are required for the use of third-party contractors, and for reimbursement of costs for materials (labour is covered separately below). Are you providing receipts?</b>	
<input type="checkbox"/> Yes. Total of all receipts: \$ _____	
<input type="checkbox"/> No, please explain why:	
<b>Photos of the damage must be included with the claim. Are you providing photos?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why:	
<b>If there are other supporting documents, have they been included with the claim?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why:	
<b>Did you personally complete any of this work?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If yes, how many hours of labour are you claiming:</b> _____ x <b>\$21.70/hour</b> = \$ _____.	
<i>Landlords will be reimbursed for labour at a rate equal to the current minimum wage plus \$8 per hour, in accordance with Service NL policy (\$21.70 per hour as of October 1, 2022).</i>	
<b>Summary of damage and/or cleaning claim:</b> Please describe the reason for this claim. What was damaged? What did you need to repair? What did you need to replace?	

# END HOMELESSNESS

## ST. JOHN'S HomeConnect

Please complete the section below if you have lost rental income due to the time it took to clean and/or repair the unit after a HomeConnect tenancy, or you are owed money for rental arrears, or unpaid utilities.

G. Lost Revenue (If applicable) <span style="float: right;"><input type="checkbox"/> N/A</span>	
<b>Choose the reason for the lost rental revenue below</b>	
<input type="checkbox"/> I am owed money for the time it took to <b>clean and repair</b> the unit	<p><b><i>Please submit a Lost Rent Form with your claim</i></b></p> <p>Total from Lost Rent Form: \$ _____</p>
<input type="checkbox"/> I am owed money for tenant <b>rental arrears</b>	<p><b><i>Please submit a Lost Rent Form, rent ledger or other supporting documentation with your claim</i></b></p> <p>Total from Lost Rent Form / ledger: \$ _____</p>
<input type="checkbox"/> I am owed money for <b>unpaid utilities</b>	<p>Amount Owed: \$ _____</p>
<input type="checkbox"/> I am owed money for <b>something else</b> (Please describe):	
<b>If there are other supporting documents, have they been included with the claim?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No, please explain why:	

H. Claim Total			
Use the table below to calculate the total amount of your claim			AMOUNT APPROVED (Office Use Only)
Amount Claimed for Service NL Fees (Section E)	\$		\$
Amount Claimed for Physical Damage / Cleaning Costs (Section F)	+ \$		\$
Amount Claimed for Lost Revenue (Section G)	+ \$		\$
Other Amounts Claimed (Separate attachment, if applicable)	+ \$		\$
<b>CLAIM SUBTOTAL</b>	<b>= \$</b>		<b>\$</b>
Please complete only ONE section below based on the status of the tenancy			
<input type="checkbox"/> The tenancy is still <b>ACTIVE</b>	<b>Claim Total</b> <i>In the box on the right, please enter the claim subtotal from above</i>	\$	\$
OR			
<input type="checkbox"/> The tenant has <b>VACATED</b> the rental unit	Claim Subtotal <i>Please enter the claim subtotal from above</i>	\$	\$
	Security Deposit <i>Amount of security deposit collected on behalf of the tenant</i>	- \$	\$
	<b>Claim Total</b>	<b>= \$</b>	<b>\$</b>

Please check that you have completed the following items to avoid delays processing your claim.

I. New Claim Checklist	
<input type="checkbox"/>	I have signed a Memorandum of Understanding (MOU) with the HomeConnect program. <i>Only landlords participating in the HomeConnect program qualify for coverage under the Landlord Protection Fund.</i>
<input type="checkbox"/>	I have a signed HomeConnect rental agreement. <i>Only HomeConnect tenancies qualify for coverage under the Landlord Protection Fund.</i>
<input type="checkbox"/>	I have completed the claim form in full. <i>Incomplete claim forms can cause delays processing your claim.</i>
<input type="checkbox"/>	For physical damage/cleaning claims, if any individual job is over \$1500, I have provided three quotes.
<input type="checkbox"/>	It has been 60 days or less since the damage or loss occurred.
<input type="checkbox"/>	For claims for Service NL fees, I have included a copy of the termination notice.
<input type="checkbox"/>	For claims for rental arrears, I have included a rent ledger or other supporting information.
<input type="checkbox"/>	I have included copies of my receipts, and a receipt log.
<input type="checkbox"/>	I have included my photos.
<input type="checkbox"/>	I have included copies of any other supporting documentation, if necessary.

# END HOMELESSNESS

## ST. JOHN'S HomeConnect

Sign and submit your claim form along with your supporting documentation.

### J. Landlord Declaration and Signature

***I declare that the information provided on this form is accurate, true, and complete. I understand that making false, misleading, or incomplete statements may cause EHSJ to deny my claim and may also disqualify me from coverage under the Landlord Protection Fund in the future.***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## SUBMITTING YOUR CLAIM

### By Email

To submit your claim by email please send it to: [HomeConnect@wecanendit.com](mailto:HomeConnect@wecanendit.com)

\* You may need to compress your files into a ZIP file if they're too large to send by email.

### By Fax

To submit your claim by fax please send it to: (709) 800-0645

### By Postal Mail or In Person

You may drop your signed claim form and documentation off at our office in person or send it by postal mail.

Our address is:

End Homelessness St. John's  
Suite 302 – 16 Forest Road  
St. John's, NL A1C 2B9

K. Previous Claims			<input type="checkbox"/> NO PREVIOUS CLAIMS
ID	Date	Description	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL OF PREVIOUS CLAIMS</b>			\$
<b>LPF COVERAGE REMAINING</b> <i>(SUBTRACT PREVIOUS CLAIMS TOTAL FROM \$10,000 TOTAL COVERAGE)</i>			\$

**L. Additional Information / Notes**

Additional notes: \_\_\_\_\_ attached pages

**M. Claim Approval**

Claim Approved By: \_\_\_\_\_ Date of Approval: \_\_\_\_\_

## LANDLORD PROTECTION FUND – CLAIM REQUIREMENTS

To ensure the efficient processing of your claim it is important that you follow program requirements and guidelines as outlined below.

### GENERAL REQUIREMENTS

There are general requirements that must be met for all claims under the Landlord Protection Fund.

To qualify for coverage under the Landlord Protection Fund:

- Landlords MUST have signed a Memorandum of Understanding with End Homelessness St. John's and be participating in the HomeConnect program.
- The tenancy MUST have been arranged through the HomeConnect program.
- The Landlord Protection Fund claim MUST be filed within 60 days of the damage or loss occurring.
- The \$10,000 in coverage is inclusive of any security deposit the landlord has collected from the tenant.

### DOCUMENTATION REQUIREMENTS

The documentation required to process your claim depends on the type of claim you are filing. You may file multiple types of claims on single claim form if they all relate to the same tenancy.

#### **Physical Damage / Cleaning Claims**

For claims relating to physical damage and cleaning, we require:

- Copies of three quotes/estimates if the claim is over \$1500.
- The final invoices/receipts once the work has been completed.
- Photos showing the condition of the rental unit before and after the repairs/cleaning have been completed.
- Any other documentation that you feel would support your claim.

#### **Lost Rental Revenue Claims**

Lost rental revenue claims have different requirements depending on the reason for the loss.

**Rental Arrears:** We require the amount of arrears (broken down by month), the date that arrears started to accrue, and documentation of any payments you were receiving for rent on behalf of the tenant.

**Abandonment:** We require the amount of arrears (broken down by month), the date you discovered the unit was abandoned, documentation of any payments you were receiving for rent on behalf of the tenant, and a copy of the Abandonment Notice that was served on the tenant.

**Unpaid Utilities:** We require the amount of arrears (broken down by month), the date that arrears started to accrue. We may also request copies of utility bills.

# END HOMELESSNESS

## ST. JOHN'S HomeConnect

**Excessive Cleaning/Repairs:** Claims of this nature are combined with a claim for physical damage and/or cleaning. In these cases, we do not require additional documentation to support the claim for lost rental revenue *unless* the claim for lost rental revenue exceeds one month. In those cases, we may request documentation to support the length of time being claimed.

### Claims for Service NL Fees & Other Types of Claims

For all other types of claims that are not described above our requirement is just that sufficient documentation be provided to support the amounts being claimed. Claims can only be approved for costs that are eligible for reimbursement under the Landlord Protection Fund.

### QUESTIONS

To avoid delays processing your claim it's important to ask any questions you may have before you complete your claim form. Incomplete or inaccurate claim forms cannot be considered.

If you have any questions about filing a claim under the Landlord Protection Fund, please contact us. Our contact information can be found below.

Sherwin Flight  
Landlord Engagement Lead  
(709) 770-6531  
[sflight@wecanendit.com](mailto:sflight@wecanendit.com)



### LANDLORD PROTECTION FUND – LOST RENT FORM

HomeConnect has established the Landlord Protection Fund to help support landlords with eligible out-of-pocket costs resulting from a tenancy while participating in the HomeConnect program.

Claim ID (Office use only)

A. Tenancy Information			
Street Address:			
City / Town:		Province: NL:	Postal Code:
Landlord Name:		Tenant Name:	
What dates did you lose rent for?	From:	To:	

B. Lost Rent Calculation			
<b>Please complete the section(s) that apply to your claim and add the total in the box at the bottom</b>			
I have lost rent for a <b>FULL</b> calendar month/months  <i>Please complete the table on the right →</i>	Monthly Rent	\$	
	Months of Lost Rent	<b>X</b>	
	<b>Claim Amount</b>	<b>= \$</b>	
I have lost rent for <b>PART</b> of a calendar month/months  <i>Please complete the table on the right →</i>	Monthly Rent	\$	
	Months per Year	<b>X</b>	<b>12</b>
	Days per Year	<b>÷</b>	<b>365</b>
	Daily Rent	<b>= \$</b>	
	Days of Lost Rent	<b>X</b>	
	<b>Claim Amount</b>	<b>= \$</b>	
<b>TOTAL LOST RENT CLAIM:</b>		\$	
<b>AMOUNT APPROVED:</b> (OFFICE USE ONLY)		\$	

C. Landlord Declaration and Signature	
<p><i>I declare that the information provided on this form is accurate, true, and complete. I understand that making false, misleading, or incomplete statements may cause EHSJ to deny my claim and may also disqualify me from coverage under the Landlord Protection Fund in the future.</i></p>	
Name: _____	Date: _____
Signature: _____	

## INSTRUCTIONS – LOST RENT FORM

### COMPLETING THIS FORM

To complete this form please follow the steps below:

1. Complete Section A (*Tenancy Information*) with the address of the rental unit and your name.
2. For any lost rent you are claiming please record the information in Section B (*Lost Rent Calculation*).
3. Please add up the total amount of lost rent in the box at the bottom of the page.
4. Sign the Lost Rent form and send it to HomeConnect along with your completed Landlord Protection Fund claim form.

*Please Note: Each claim under the Landlord Protection Fund requires you to submit a separate claim form and lost rent form. You should not combine lost rent from multiple claims on a single form as it may cause delays in the processing of your claim.*

### QUESTIONS

To avoid delays processing your claim it's important to ask any questions you may have before you submit your claim. Incomplete or inaccurate claim forms cannot be considered.

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## LANDLORD PROTECTION FUND – RECEIPT LOG

If your Landlord Protection Fund claim requires you to provide receipts, please use the form below to record this information. Incomplete or missing information may cause delays in the processing of your claim.

Claim ID (Office use only)

<b>A. Tenancy Information</b>			
Street Address:			
City / Town:		Province: NL	Postal Code:
Landlord Name:		Tenant Name(s):	

<b>B. Receipt Log</b>				
Date	Vendor Name	Description of Purchased Items/Services	Total Amount	Amount Approved (OFFICE USE ONLY)

# END HOMELESSNESS

## ST. JOHN'S HomeConnect

### B. Receipt Log (Continued)

Date	Vendor Name	Description of Purchased Items/Services	Total Amount	Amount Approved (OFFICE USE ONLY)
Please insert the total of all receipts here ⇒			<b>TOTAL:</b>	

### C. Landlord Declaration and Signature

***I declare that the information provided on this form is accurate, true, and complete. I understand that making false, misleading, or incomplete statements may cause my claim to be denied and may also disqualify me from coverage under the Landlord Protection Fund in the future.***

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

## INSTRUCTIONS – RECEIPT LOG

### COMPLETING THIS FORM

To complete this form please follow the steps below:

1. Complete Section A (*Tenancy Information*) with the address of the rental unit and your name.
2. For each receipt you are submitting, please record the date of purchase, the name of the store/vendor, a brief description of the items purchased, and the total amount of the receipt in Section B (*Receipt Log*).
3. Please add up the receipts on each page and indicate the total amount in the box at the bottom of the page.
4. Sign the Receipt Log and send it to HomeConnect along with your completed Landlord Protection Fund claim form.

*Please Note: Each claim under the Landlord Protection Fund requires you to submit a separate claim form and receipt log. You should not combine receipts from multiple claims on a single receipt log form as it may cause delays in the processing of your claim.*

### QUESTIONS

To avoid delays processing your claim it's important to ask any questions you may have before you submit your claim. Incomplete or inaccurate claim forms cannot be considered.

If you have any questions about filing a claim under the Landlord Protection Fund, please contact us. Our contact information can be found below.

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## LANDLORD PROTECTION FUND – BREAKDOWN OF LABOUR HOURS

If your Landlord Protection Fund claim requires you to provide a breakdown of labour hours, you may use the form below to record this information. Incomplete or missing information may cause delays in the processing of your claim.

Claim ID (Office use only)

<b>A. Tenancy Information</b>			
Street Address:			
City / Town:		Province: NL	Postal Code:
Landlord Name:		Tenant Name(s):	

<b>B. Breakdown of Labour Hours</b>		
Description of Work Completed	Total Hours	Amount Approved (OFFICE USE ONLY)



## INSTRUCTIONS – BREAKDOWN OF LABOUR HOURS

### COMPLETING THIS FORM

To complete this form please follow the steps below:

1. Complete Section A (*Tenancy Information*) with the address of the rental unit and your name.
2. For any labour hours you are claiming please record the number of hours and a description of the work completed in Section B (*Breakdown of Labour Hours*).
3. Please add up the total number of hours on each page and indicate the total amount in the box at the bottom of the page.
4. Sign the Breakdown of Labour Hours form and send it to HomeConnect along with your completed Landlord Protection Fund claim form.

*Please Note: Each claim under the Landlord Protection Fund requires you to submit a separate claim form and breakdown of labour hours form. You should not combine labour hours from multiple claims on a single form as it may cause delays processing your claim.*

### QUESTIONS

To avoid delays processing your claim it's important to ask any questions you may have before you submit your claim. Incomplete or inaccurate claim forms cannot be considered.

If you have any questions about filing a claim under the Landlord Protection Fund, please contact us. Our contact information can be found below.

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