



LANDLORD MITIGATION RESERVE INDIVIDUAL APPLICATION

State Form 56850 (R2 / 3-20)
FAMILY AND SOCIAL SERVICES ADMINISTRATION
DIVISION ON MENTAL HEALTH AND ADDICTION

- INSTRUCTIONS:**
1. Complete this application.
 2. Attach any relevant documentation concerning employment, incarceration and recovery from Substance Use Disorder (SUD), as well as any necessary releases of information (e.g. treatment provider, criminal justice entities, etc.).
 3. Please e-mail the completed application and any additional, necessary documents to lmr@fssa.in.gov.

IMPORTANT NOTES:

- Applicants with a professional license that has been reinstated as a result of their own path to recovery need only submit that documentation, e.g. a nursing license reinstated.
- An eligible individual already participating in the Program may move to new rental housing and continue to be covered by the Program so long as (1) the new landlord is eligible and agrees to participate and (2) no claims were paid from the Reserve to the previous landlord. If an otherwise eligible individual violated their lease and caused payment from the Reserve, they are no longer eligible to be covered by the program.
- **DMHA RESERVES THE RIGHT TO REQUEST ADDITIONAL DOCUMENTATION**

Name of applicant	Date of birth (month, day, year)	Today's date (month, day, year)
Address of applicant (number and street, city, state, and ZIP code)		

EMPLOYMENT INFORMATION	
Please detail employment during the period starting twelve (12) months prior to today's date. Please attach related documentation, e.g. W-2s, I-9s, paycheck stubs, or similar evidence of employment.	
Name of Employer	Dates of employment (month, day, year)

RECOVERY INFORMATION
Please include details of treatment, as well as related documentation, e.g. a letter from a sponsor or treatment facility, discharge plan from treatment provider, treatment plan that includes dates of treatment AND evidence of a Release of Information (ROI) form submitted to a treatment provider and or criminal justice entities.

CONVICTION INFORMATION
Provide details of at least one felony conviction related to past substance use disorder. If the charge is not specifically a 'drug charge', explain how the conviction relates to substance use disorder. For example, a theft committed to pay for drugs. Include relevant court documents.

SENTENCE / RELEASE INFORMATION
Provide details showing completion of at least one year of sentence or release conditions (e.g. probation, parole, etc.). Include documentation, which can include correspondence from probation officer, parole officer, etc. Applicants must NOT have any pending charges or convictions within the last twelve (12) months to be considered for this program.

ATTESTATION	
I hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment may disqualify me from the program.	
Signature	Date (month, day, year)