

**Request Form for Dispute Resolution Process**

**1. Tenant Name (Rank, Last, First):**

Rank

Last Name

First Name

\_\_\_\_\_

**2. Premises Address (Street, City, State, Zip):**

\_\_\_\_\_

**3. Tenant Contact Information:**

a. Phone # (Home/Cell): \_\_\_\_\_

b. Email: \_\_\_\_\_

**4. Owner Company Name:**

\_\_\_\_\_

**5. Owner Contact Information:**

a. POC Name (Last, First): \_\_\_\_\_

b. Phone # (Home/Cell): \_\_\_\_\_

c. Email: \_\_\_\_\_

**6. Statement describing the dispute and prior efforts to resolve it (including supporting documentation):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**7. Rent Segregation Request. Tenant hereby requests segregation of Tenant’s future Rent payments as of the date set forth below.**

\_\_\_\_\_ Tenant requests full Rent segregation in the amount of \$\_\_\_\_\_ per month, or

\_\_\_\_\_ Tenant requests partial Rent segregation in the amount of \$\_\_\_\_\_ per month.

**8. Name and signature of Tenant confirming they have sought resolution through, and completed, the informal resolution process procedures set forth in Section 9 of the Lease agreement.**

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

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

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

*(To be completed by the MHO)*

**This is an administratively complete request eligible for Rent segregation in accordance with Lease Section 9 and Section 4 of Schedule 3 (Dispute Resolution Process). Owner is directed to segregate an amount equal to \$\_\_\_\_\_per month in a segregated account unavailable to the Owner, or Owner’s property manager, employees, agents, or contractors.**

Name of MHO Representative:\_\_\_\_\_ Date:\_\_\_\_\_

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