

Request Form for Dispute Resolution Process

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

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 Rentpayments 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: _____