

AHRP

Affordable Housing Risk Pool
7111 NE 179th Street Vancouver, WA 98685
Phone: (360) 574-9035 Fax: (360) 574-9401

LOSS CONTROL FUNDING APPLICATION

- Insured Name(s): _____
Person Responsible: _____
Phone Number: _____ E-mail: _____
- Date: _____
- Dollar Amount Requested: _____ (\$2,500 Limit)
- What is the Line of AHRP Coverage and Goal you are targeting?: _____

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- Explain your activity or program: _____
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- Will the insured match AHRP's Funds?: Yes No

- If approved, how do you intend on actually using these Funds?: _____
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- When do you expect this funded project to be completed?: _____

A written report, addressing the effectiveness of the funded project will be required.

Indicate expected submission date: _____