



Este documento se puede traducir.
Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

VACANCY PAYMENT REQUEST

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

Please prepare a separate request for each qualifying unit and submit it via email to ownerinfo@thecha.org.
Note: Requests must be submitted to CHA no later than 180 days after the participant has moved out of the unit.

Property Information:

Address: _____ Unit #: _____
City: _____ State: _____ ZIP Code: _____

Property Owner Information:

Property Owner Name: _____ Vendor #: _____
Address: _____ Unit #: _____
City: _____ State: _____ ZIP Code: _____
Contact Person: _____ Title: _____
Contact Phone #: _____ Email Address: _____

Vacancy Information:

Table with 5 columns: Unit ID, Previous HAP Amount, Move-Out Date, Rent-Ready Date, New Move-In Date

Participant Information:

Previous Participant Name: _____ Voucher #: _____
New Participant Name: _____ Voucher #: _____

Property Owner Certification of Vacancy:

I hereby certify that, to the best of my knowledge: 1) the above unit has been vacant during the period indicated; 2) all feasible actions have been taken to minimize the likelihood and length of the vacancy, including not rejecting any eligible applicants except for good cause acceptable to CHA; and 3) the above unit has passed its last two consecutive Housing Quality Standards (HQS) inspections (initial/regular) on the first attempt.

Name (Print) _____ Title _____
Signature _____ Date _____