ATTACHMENT NO. 1
FORM HUD-50058 – CERTIFICATION AND RECERTIFICATION OF FAMILY ELIGIBILITY

[ATTACHED]

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Family Report

Form HUD-50058, Family Report, applies to Public Housing, Housing Choice Voucher, and Section 8 Moderate Rehabilitation programs.

Additional instructions are contained in the Form HUD-50058 Instruction Booklet. Copies of the Instruction Booklet can be found on the PIC Web Site at http://www.hud.gov/offices/pih/systems/pic/50058/pubs/

Public reporting burden for this collection of information is estimated to average 30 minutes per response in the first year and 15 minutes per response in subsequent years. This estimate includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this Form, unless it displays a currently valid OMB control number.

Send the Form HUD-50058 data to the electronic address provided by HUD. Questions? Contact the PIC Help Hotline at 1-800-366-6827 or go to the PIC Web Site at: http://www.hud.gov/pih/systems/pic/index.cfm.

Privacy Act Information. This collection is authorized by the U. S. Housing Act of 1937 (42 U. S. C. 1437 et seq.), Title VI of the Civil Rights Act of 1964 (42 U. S. C. 2000d) and by the Fair Housing Act (42 U. S. C. 3601-19). Each affected agency must submit information to assist HUD in managing and monitoring HUD assisted housing programs, to protect the Government's interest, and to verify the accuracy of the information received. HUD will use the information to: (1) monitor program participants' compliance with requirements, (2) provide demographic information describing tenants' characteristics, (3) participate in income matching, detect fraud, and (4) plan for future use of the housing inventory with emphasis on the housing needs of special groups. The information requested is required to obtain or retain benefits. This collection is mandatory. The information requested is required to obtain and retain benefits. Failure to provide SSN could result in denial of eligibility and/or termination of assistance or tenancy participants. HUD is authorized to collect this information under the Housing and Community Development Act of 1987 42 U.S.C.3543 (a).

Sensitive Information: The information on these forms is sensitive and is protected by the Privacy Act. Keep the forms locked and confidential.

Acronyms

FMR = Fair Market Rent
FSS = Family Self-Sufficiency program
HAP = Housing Assistance Payment
HOPE = Homeownership and Opportunity for People Everywhere
HQS = Housing Quality Standards
HUD = U. S. Department of Housing and Urban Development
ISA = Individual Savings Account
OMB = U. S. Office of Management and Budget
PHA = Public Housing Agency
PHRA = Public Housing Reform Act

PIC = Public and Indian Housing Information Center
SRO = Single Room Occupancy
SSA = Social Security Administration
SSI = Supplemental Security Income
SSN = Social Security Number
TANF = Temporary Assistance for Needy Families
TIN = Taxpayer Identification Number
TTP = Total Tenant Payment
WtW = Welfare to Work

Major Definitions (refer to the Form HUD-50058 Instruction Booklet for a more detailed definition of each field on the Form):

Disabilities: A person with disabilities has one or more of the following: (a) a disability as defined in Section 223 of the Social Security Act, (b) a physical, mental, or emotional impairment which is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such a nature that such ability could be improved by more suitable housing conditions, or (c) a developmental disability as defined in Section 102 of the Developmental Disabilities Assistance and Bill of Rights Act. Note: Include persons who have the acquired immune deficiency syndrome (AIDS) or any condition that arises from the etiologic agent for AIDS.

Effective Date of Action: Date the reported action becomes effective. The effective date cannot be earlier than the date of admission to the program.

Head of household: The one adult member of the household, designated by the family or by PHA policy as the head of household, who is wholly or partly responsible for the rent payment.

Mixed Family: A family that contains some members that are eligible for assistance and some members that are ineligible for assistance. This family may be subject to prorated rent under the Noncitizens Rule.

Portability: Renting a dwelling unit with Housing Choice Voucher assistance outside the jurisdiction of the initial PHA.

Form Conventions:
1. All fields that require the entry of a date must include the 4-digit year. Enter the date in a standard format (i. e., "mm/dd/yyyy", "mm/yyyy"). Enter the year in its entirety.
2. "/" means "or" unless otherwise noted.
3. Monetary figures: enter only whole dollar amounts. Do not show cents, commas, or dollar signs.
4. Rounding: round each monetary amount up when a number is 0.50 or above; down when a number is 0.49 or below.
5. Calculation column is a scratch area where PHAs may perform manual calculations.
6. Leave blank any line(s) or item(s) that do not apply unless this Form instructs otherwise.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)

Family Report

U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval Number 2577-0083

1. Agency

1a.	Agency name		1a.
1b.	PHA code	[ ][ ][ ][ ][ ]	1b.
1c.	Program	P=Public Housing, CE= Sec. 8 Certificates, VO= Sec. 8 Vouchers, MR= Sec. 8 Mod Rehab [ ][ ]	1c.
1d.	Project number (Public Housing only)	[ ][ ][ ][ ][ ][ ][ ] Suffix: [ ][ ][ ]	1d.
1e.	Building number (Public Housing only)	[ ][ ][ ][ ][ ]	1e.
1f.	Building entrance number (Public Housing only)	[ ][ ][ ]	1f.
1g.	Unit number (Public Housing only)	[ ][ ][ ][ ][ ][ ][ ][ ]	1g.

2. Action

2a.	Type of action	2a.
2b.	Effective date (mm/dd/yyyy) of action	2b.
2c.	Correction? (Y or N)	2c.
2d.	If correction: (check primary reason) [ ] Family correction of income [ ] PHA correction of family income [ ] Family correction (non-income) [ ] PHA correction (non-income)	
2h.	Date (mm/dd/yyyy) of admission to program	2h.
2i.	Projected effective date (mm/dd/yyyy) of next reexamination	2i.
2j.	Projected date (mm/dd/yyyy) of next flat rent annual update (Public Housing flat rent only)	2j.
2k.	FSS participation now or in the last year? (Y or N)	2k.
2m.	Special program: (vouchers only) (check only one) [ ] Enhanced Voucher [ ] Welfare to Work Voucher	
2n.	Other special programs: Number 01	2n.
2n.	Other special programs: Number 02	2n.
2q.	PHA use only	2q.
2r.	PHA use only	2r.
2s.	PHA use only	2s.
2t.	PHA use only	2t.
2u.	PHA use only	2u.

2a. Type of action codes		
1 = New Admission	6 = End Participation	11 = Expiration of Voucher (VO only)
2 = Annual Reexamination	7 = Other Change of Unit	12 = Flat Rent Annual Update (PH only)
3 = Interim Reexamination	8 = FSS/WtW Addendum Only	13 = Annual HQS Inspection Only (S8 only)
4 = Portability Move-in (VO only)	9 = Annual Reexamination Searching (VO only)	14 = Historical Adjustment
5 = Portability Move-out (VO only)	10 = Issuance of Voucher (VO only)	15 = Void

	Page Heading
Note:	The fields in the page heading are provided for the convenience of PHA that maintain paper records of the Form HUD-50058.
Head of household name:	On every page, enter the head of household's last name (line 3b), first name (line 3c) and middle initial (line 3d). Use this field to identify the head of household if the pages of the Form separate.
Social Security Number	On every page, enter the head of household's Social Security Number (line 3n). Use this field to identify the head of household if the pages of the Form separate.
Date modified (mm/dd/yyyy)	On every page, enter the date the PHA representative fills out the Form or modified any Form page.
1:	Agency
Line 1a:	Name of the Public Housing Agency (PHA) that completes the family's Form HUD-50058.
Line 1b:	Five-character code composed of the 2-letter postal state code and 3-digit PHA number. The state code indicates the location of the reporting PHA and the number identifies each PHA within a particular state.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates.
Line 1d:	Public Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number, 3-digit development number, and 3-digit suffix (if applicable).
Line 1e:	Public Housing only. Six-character code to capture the tenant's building number.
Line 1f:	Public Housing only. Three-character code to capture the building's entrance number.
Line 1g:	Public Housing only. Ten-character code to capture the PHA designated tenant unit number.
2:	Action
Line 2a:	Use the codes provided at the bottom of the page to report the family's type of action.
Note:	When a family that receives flat rent requires a reexamination, use Annual Reexamination (2a= 2).
Line 2b:	Date the reported action becomes effective.
Note:	The effective date cannot be earlier than the date of admission to the program (line 2h).
Line 2c:	Allows PHAs to correct fields previously transmitted in error.
Note:	Use a correction for a minor change to a previously submitted record.
Line 2d:	Indicate the primary reason for the correction record.
Line 2h:	Date the PHA initially admitted the family into the program reported in line 1c.
Line 2i:	The projected effective date of the family's next reexamination.
Line 2j:	Public Housing flat rent only. Projected effective date of the next flat rent annual update.
Line 2k:	Indicate if the family currently participates or participated in the Family Self-Sufficiency program in the past year.
Line 2m:	Vouchers only. Indicate if the family receives an Enhanced Voucher or a Welfare to Work Voucher.
Line 2n:	Indicate if the family participates in a special program.
Note:	See Form HUD-50058 Instruction Booklet for a listing of special programs and their abbreviations.
Line 2q-2u:	PHAs may use these lines for any information they wish to collect.
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.

3. Household

3a. Head of Household Member number 01	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation H	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3a. Member number 02	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3a. Member number 03	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3a. Member number 04	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3a. Member number 05	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3a. Member number 06	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3a. Member number 07	3b. Last name & Sr., Jr. etc.			3c. First name	3d. MI	3e. Date of birth	3f. Age on effective date of action
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y or N)	3k. Race [ ]1. [ ]2. [ ]3. [ ]4. [ ]5.		3m. Ethnicity
	3n. Social Security Number			3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (PH only)	

3t.	Total number in household	3t.
3u.	Family subsidy status under Noncitizens Rule	3u.
3v.	Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u=C)	3v.
3w.	If new head of household, former head of household's SSN	3w.

3h. Relation codes:
H = head
S = spouse
K = co-head
F = foster child/foster Adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship codes:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

3k. Race codes:
1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

3m. Ethnicity codes:
1 = Hispanic or Latino
2 = not Hispanic or Latino

3q. Community service or self-sufficiency codes:
1 = yes
2 = no
3 = pending
4 = exempt
5 = n/a

3u. Family subsidy status codes:
C = qualified for continuation of full assistance
E = eligible for full assistance
F = eligible for full assistance pending verification of status
P = prorated assistance

3.	Household
Note:	Complete for each household member.
Note:	The first family member (member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The member number identifies the individual listed on that line of the Form.
Line 3b:	The last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do not include name prefixes, such as Ms. or Mr.
Line 3c:	The first name of each household member. Do not include name prefixes, such as Ms. or Mr.
Line 3d:	The middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	The date of birth for each household member.
Line 3f:	The age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member (M= Male, F= Female).
Line 3h:	Select the code at bottom of the page that best categorizes the relation or role of each household member.
Line 3i:	Select the code at the bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Select the code or codes at the bottom of the page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Select the code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If a head of household does not have a SSN, see the Form HUD-50058 Instruction Booklet.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e. g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number has nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Select the code at the bottom of the page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an average of eight hours of community service per month during the year.
Note:	Use '5' if the community service requirement is not in effect for your particular PHA.
Line 3t:	The total number of people in the household.
Note:	Count all persons. Include foster children or adults, live-in aides, and other unrelated individuals (who reside with the family as part of the household). Also include persons who are members of the household but temporarily absent from the home.
Line 3u:	Select the code on the bottom of the page that indicates the housing assistance eligibility for family members based on the Noncitizens Rule. The Noncitizens Rule allows PHAs to provide financial assistance to U. S. citizens, nationals, and non-U. S. citizens with eligible immigration status.
Note:	If the family's status under the Noncitizens Rule is prorated assistance (3u= P), the family should fill out the applicable prorated rent calculation when determining rent burden.
Line 3v:	Date the family originally qualified for the continuation of full assistance (3u= C).
Line 3w:	If the designated head of household changed due to discontinued occupancy or other cause such as death, marriage, or remarriage and there are family members who remain in the household, enter the former head of household's Social Security Number (SSN).

4. Background at Admission

4a.	Date (mm/dd/yyyy) entered waiting list	4a.
4b.	ZIP code before admission	4b.
4c.	Homeless at admission? (Y or N)	4c.
4d.	Does family qualify for admission over the very low-income limit? (vouchers only) (Y or N)	4d.
4e.	Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f.	Is there a HUD approved income targeting disregard? (Y or N)	4f.

5. Unit to be Occupied on Effective Date of Action

5a.   Unit address

Number and street		Apt.	
City	State	ZIP code (+4)	

5b.	Is mailing address same as unit address? (Y or N) (if yes, skip to 5d)	5b.

5c.   Family's mailing address

Number and street		Apt.	
City	State	ZIP code (+4)	

5d.	Number of bedrooms in unit	5d.
5e.	Has the PHA identified this unit as an accessible unit? (Public Housing only) (Y or N)	5e.
5f.	Has the family requested accessibility features? (Public Housing only) (Y or N) (if no, skip to next section)	5f.

5g.   Has the family received requested accessibility features? (Public Housing only)

[   ] a. Yes, fully   [   ] b. Yes, partially   [   ] c. No, not at all   [   ] d. Action pending (can be checked in combination with b. or c.)

5h.	Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership and Project-based Vouchers)	5h.
5i.	Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership and Project-based Vouchers)	5i.
5j.	Year (yyyy) unit was built (Section 8 only)	5j.

5k.   Structure type (check only one) (Section 8 only)

[   ] Single family detached   [   ] Semi-detached   [   ] Rowhouse/townhouse

[   ] Low-rise   [   ] High rise with elevator   [   ] Manufactured home

4:	Background at Admission
Line 4a:	Date the PHA placed the family on the waiting list for the program under which they currently receive housing assistance.
Note:	This date must not be later than effective date of action (line 2b).
Line 4b:	The 5-digit ZIP code (+ 4, if applicable) where the family lived before admission to an assistance program.
Line 4c:	Indicate whether or not the family was homeless at the time the PHA admitted the family to a housing assistance program.
Line 4d:	Vouchers only. Indicate whether or not the family qualified for program admission even though their income exceeds the very low-income limit (50% of the area's median income).
Line 4e:	Indicate whether or not the family is continuously assisted under or currently enrolled in any 1937 Housing Act program at the time of admission.
Line 4f:	Welfare to Work families only. Indicate if the family is disregarded for income targeting under a HUD approved disregard of a portion of welfare to work families.
5:	Unit to be Occupied on Effective Date of Action
Line 5a:	The complete address of the housing unit that the household occupies on the effective date of action (line 2b).
Line 5b:	Indicate whether the mailing address is different from the unit address.
Line 5c:	The complete address where the family receives mail, if other than the unit address provided in line 5a.
Note:	Leave this field blank if the mailing address is the same as the unit address.
Line 5d:	Total number of bedrooms in the unit that the household will occupy on the effective date of action (line 2b).
Line 5e:	Public Housing only. Indicate whether or not the unit that the family occupies on the effective date of action (line 2b) is a PHA designated handicapped accessible unit.
Line 5f:	Public Housing only. Indicate whether or not the family requested disability amenities or accessibility features.
Line 5g:	Public Housing only. Indicate the status of the family's request for disability amenities and/or accessibility features (line 5f) on the effective date of action (line 2b).
Line 5h:	Section 8 only, except Homeownership and Project-based Vouchers. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Section 8 only, except Homeownership and Project-based Vouchers. The last date a PHA inspector performed a full annual housing quality standards (HQS) inspection of the unit that the household occupies.
Note:	This date may be different from the date unit last passed HQS inspection (line 5h) if the unit failed the last HQS inspection.
Line 5j:	Section 8 only. The year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. The building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)

6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$
				$	$

6f, 6g.	Column totals			$ 6f.	$ 6g.
6h.	Passbook rate (written as decimal)				0._____ 6h.
6i.	Imputed asset income: 6f X 6h (if 6f is $5,000 or less, put 0)				$ 6i.
6j.	Final asset income: larger of 6g or 6i				$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$
				$	$	$

7g.	Column total	$ 7g.
7h.	Reserved	
7i.	Total annual income: 6j + 7g	$ 7i.

7b: Income Codes	Welfare:	Other Income Sources:
Wages:	G = general assistance	C = child support
B = own business	IW = annual imputed welfare income	E = medical reimbursement
F = federal wage	T = TANF assistance	I = Indian trust/per capita
HA = PHA wage		N = other nonwage sources
M = military pay	**SS/SSI/Pensions:**	U = unemployment benefits
W = other wage	P = pension	
	S = SSI	
	SS = Social Security	

6:	Assets
Note:	Use a separate line for each family member and asset type.
Line 6a:	The name of each family member in the household that has assets and their Member number (line(s) 3a) that corresponds to the asset information reported.
Line 6b:	List any asset that has a dollar value or provides a source of income to the person listed in column 6a.
Note:	See the Form HUD-50058 Instruction Booklet for an explanation of allowable assets.
Line 6c:	Use this column to perform asset calculations.
Line 6d:	Estimated, known or calculated dollar value of the asset listed.
Line 6e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.
Line 6f:	Total of the values listed in column 6d.
Line 6g:	Total of the values listed in column 6e.
Line 6h:	Enter the passbook rate as a decimal.
Note:	The HUD field office determines the Passbook rate of interest for the project locality based on the average interest rate received on a Passbook Savings Account at several banks in the local area.
Line 6i:	Imputed income from assets based on the total dollar value of the asset listed and the Passbook rate of interest.
Note:	If the total cash value of assets is $5,000 or less, enter 0.
Line 6j:	Total amount of household income derived from assets.
7:	Income
Note:	If the family members do not have any income from sources other than assets and do not expect any other income in the next 12-month period, leave 7a through 7g blank. Fill in total annual income (line 7i), which would be the total of the asset income.
Line 7a:	The name of each family member in the household that has income and their Member number (line(s) 3a) that corresponds to the income information reported.
Line 7b:	Use one or two letter code at bottom of page that represents the type of income for a family member.
Note:	See the Form HUD-50058 Instruction Booklet for a detailed description of each income code.
Line 7c:	Use this column to perform income calculations.
Line 7d:	Yearly income amount the family member receives from the income source(s) listed.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income source.
Line 7e:	Income excluded from annual income calculations.
Note:	Includes income disallowance and individual savings accounts (ISA) for Public Housing.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income exclusion.
Line 7f:	The family's total income minus any exclusions. Take dollars per year (line 7d) minus income exclusions (line 7e).
Line 7g:	The total of the dollar amounts listed in column 7f.
Line 7h:	Reserved for future HUD use.
Line 7i:	The family's total annual income. Add the final asset income (line 6j) and the total income after income exclusions (line 7g).

8. Expected Income Per Year

8a.	Total annual income: copy from 7i		$	8a.

Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b.	Family member name	No.	8c. Type of permissible deduction	8d. Amount	
				$	
				$	
				$	
				$	
				$	
				$	
8e.	Total permissible deductions (sum of column 8d)			$	8e.

If head/spouse/co-head is under 62 and no family member is disabled, skip to 8q

8f.	Medical/disability threshold: 8a X 0.03		$	8f.
8g.	Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)		$	8g.
8h.	Maximum disability allowance: If 8g minus 8f is positive or zero, put amount		$	8h.
		If negative and head/spouse/co-head is under 62 and not disabled, put 0	$	8h.
		If negative and head/spouse/co-head is elderly or disabled, copy from 8g	$	8h.
8i.	Earnings in 7d made possible by disability assistance expense		$	8i.
8j.	Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)		$	8j.
8k.	Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)		$	8k.
8m.	Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)		$	8m.
8n.	Medical/disability assistance allowance:	If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	$	8n.
		If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	$	8n.
8p.	Elderly/disability allowance (default = $400)		$	8p.
8q.	Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.)		$	8q.
8r.	Allowance per dependent (default = $480)		$	8r.
8s.	Dependent allowance: 8q X 8r		$	8s.
8t.	Total annual unreimbursed childcare costs		$	8t.
8x.	Total allowances: 8e + 8n + 8p + 8s + 8t		$	8x.
8y.	Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)		$	8y.

8:	Expected Income Per Year
Line 8a:	The family's total annual family income. Copy from 7i.
Line 8b:	Public Housing only. The name of each family member in the household, and their individual Member number as provided in line(s) 3a that corresponds to the income information reported.
Line 8c:	Public Housing only. The type of permissible deduction as determined by the PHA.
Line 8d:	Public Housing only. The amount of the permissible deduction.
Line 8e:	Public Housing only. The total of the dollar amounts (permissible deductions) listed in column 8d.
Note:	If the head of household and spouse or co-head are under age 62, and there are no family members with a disability, skip to line 8q. Otherwise, enter all medical expense information for the entire family in lines 8f through 8n.
Line 8f:	Amount of unreimbursed medical and disability expenses that the family must pay before the PHA can deduct an allowance for such expenses from their income. Multiply 0.03 by total annual income (line 8a).
Line 8g:	The family's total annual unreimbursed disability expenses.
Line 8h:	The amount the PHA may potentially deduct for the family's disability expenses. Subtract the medical/ disability threshold (line 8f) from the total unreimbursed disability assistance expenses (line 8g).
Note:	If the maximum disability allowance is negative and head/spouse/co-head is under 62 and not disabled, enter 0.
Note:	If the maximum disability allowance is negative and head/spouse/co-head is elderly or disabled, copy the total unreimbursed disability assistance expenses (line 8g).
Line 8i:	Of a family's dollars per year listed in line 7d, determine the earned amount made possible by the unreimbursed disability expenses the family incurs.
Line 8j:	The total disability assistance expense amount the family may deduct. Lower of the maximum disability allowance (line 8h) or the earnings made possible by disability assistance expense (line 8i).
Note:	If the total unreimbursed disability assistance expense (line 8g) is less than the medical/disability threshold (line 8f), and head/spouse/co-head is elderly or disabled, copy the maximum disability allowance (line 8h).
Line 8k:	The total annual amount of the family's medical expenses that another source does not reimburse (e. g., co-payments for medical insurance).
Note:	If the head/spouse/co-head is under 62 and not disabled, enter 0.
Line 8m:	The amount of the family's total disability assistance (line 8j) and medical expenses (line 8k).
Note:	If no disability expenses, copy the total unreimbursed medical expenses (line 8k).
Line 8n:	The amount of the family's allowance for medical expenses and disability assistance expenses.
Note:	If the family does not have any disability assistance expenses or if the total unreimbursed disability assistance expenses (line 8g) is less than the medical/disability threshold (line 8f), enter the total disability assistance and medical expenses (line 8m) minus the medical/disability threshold (line 8f). If the difference is negative, put zero.
Note:	If disability assistance expense and the total unreimbursed disability assistance expense (line 8g) are greater than or equal to the medical/disability threshold (line 8f), copy the total disability assistance and medical expenses (line 8m).
Line 8p:	The family's standard allowance amount if the head of household or spouse or co-head is elderly (age 62 or over), or disabled. The current allowance is $400.
Line 8q:	The total number of dependents who live in the household and are under 18 years of age, or have a disability, or are full-time students of any age.
Line 8r:	Standard allowance amount for each dependent in the household.
Note:	The current allowance per dependent is $480.
Line 8s:	The amount of the family's dependent allowance. Multiply the number of dependents (line 8q) in the household by the standard allowance per dependent amount (line 8r).
Line 8t:	The household's total yearly unreimbursed childcare expenses.
Note:	This is the estimated amount a family expects to pay for childcare during the annual income period.
Line 8x:	The total amount of all of the family's allowances. Enter the sum of lines 8e, 8n, 8p, 8s, and 8t.
Line 8y:	The family's adjusted annual income. Subtract total allowances (line 8x) from total annual income (line 8a).
Note:	If 8x is larger, put 0.

9. Total Tenant Payment (TTP)

9a.	Total monthly income: 8a ÷ 12	$	9a.
9c.	TTP if based on annual income: 9a X 0.10	$	9c.
9d.	Adjusted monthly income: 8y ÷ 12	$	9d.
9e.	Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f.	TTP if based on adjusted annual income: (9d X 9e) ÷ 100	$	9f.
9g.	Welfare rent per month (if none, put 0)	$	9g.
9h.	Minimum rent (if waived, put 0)	$	9h.
9i.	Enhanced Voucher minimum rent	$	9i.
9j.	TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	$	9j.
9k.	Most recent TTP	$	9k.
9m.	Qualify for minimum rent hardship exemption? (Y or N)	$	9m.

9:	Total Tenant Payment (TTP)
Line 9a:	Divide total annual income (line 8a) by 12 to get total monthly income.
Line 9c:	Multiply total monthly income (line 9a) by 0.10 to get total tenant payment (TTP) based on annual income.
Line 9d:	Divide adjusted annual income (line 8y) by 12 to get adjusted monthly income.
Line 9e:	Percentage of adjusted monthly income used to determine total tenant payment (TTP).
Note:	Use 30% for Section 8.
Line 9f:	Multiply the adjusted monthly income (line 9d) by percentage of adjusted monthly income (line 9e) and divide by 100 to get total tenant payment (TTP) based on adjusted monthly income.
Line 9g:	The amount the welfare assistance agency specifically designates for shelter and utilities if the family receives welfare assistance. The welfare assistance agency may adjust this amount in accordance with the actual cost of shelter and utilities.
Note:	If no welfare rent, put 0.
Line 9h:	Enter the PHA established monthly minimum rent amount. The PHA may require the tenant to pay a minimum rent amount up to $50.
Note:	If the PHA waived this payment because of financial hardship, enter 0.
Line 9i:	Enhanced Vouchers only. Enter the monthly rent that the family was paying on the date of the 'eligibility event' for the project.
Line 9j:	The total tenant payment (TTP). The highest amount listed in the lines 9c, 9f, 9g, 9h, or 9i.
Line 9k:	The most recent total tenant payment (TTP) amount for the family.
Note:	This amount is only available if the family previously lived in subsidized housing.
Line 9m:	Indicate if the family qualifies for a minimum rent hardship exemption.
Note:	Under PHRA, a family does not have to pay the PHA established minimum rent if they qualify for a financial hardship exemption.

10. Public Housing and Turnkey III

10a.	TTP: copy from 9j	$	10a.
10b.	Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	$	10b.

Income Based Rent Calculation (if prorated rent, skip to 10h)

10c.	Income based ceiling rent, if any		$	10c.
10d.	Lower of TTP or income based ceiling rent (if no income based ceiling rent, put 10a)		$	10d.
10e.	Utility allowance, if any		$	10e.
10f.	Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	$	10f.
		If negative, credit tenant	$	10f.

Income Based Prorated Rent Calculation (if not prorated, skip to 10u)

10h.	Public Housing maximum rent		$	10h.
10i.	Family maximum subsidy: 10h minus 10a		$	10i.
10j.	Total number eligible			10j.
10k.	Total number in family			10k.
10n.	Eligible subsidy (10i ÷ 10k) X 10j		$	10n.
10p.	Mixed family TTP: 10h minus 10n		$	10p.
10r.	Utility allowance, if any		$	10r.
10s.	Mixed family tenant rent: 10p minus 10r	If positive or 0, put tenant rent	$	10s.
		If negative, credit tenant	$	10s.

Type of Rent

10u.	Type of rent selected: [ ] Income based [ ] Flat	

10:	Public Housing
Note:	Complete if the family participates in the Public Housing program (line 1c=P) or the Turnkey III program (line 1c= P) and the type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), or Other Change of Unit (2a= 7).
Line 10a:	The total tenant payment (TTP). Copy from 9j.
Line 10b:	Flat rent dollar amount.
Note:	Flat rent is set by the unit size and building.
Note:	If a PHA uses the income based ceiling rent amount for flat rent, input the income based ceiling rent amount in this line.
Note:	See the Instruction Booklet for the prorated flat rent calculation.
Line 10c:	The highest rent amount the PHA will require a family to pay for a particular unit size.
Note:	If no income based ceiling rent, enter 0.
Line 10d:	The lesser amount of either the total tenant payment (TTP) (line 10a) or income based ceiling rent (line 10c).
Note:	If there is no income based ceiling rent, enter the TTP (line 10a).
Line 10e:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Note:	If there is no utility allowance, enter 0.
Line 10f:	The rent amount the family pays to the owner after deducting the utility allowance (line 10e) from the lower rent (line 10d) or the total credit amount the family receives to pay utilities.
Line 10h:	The maximum rent. To calculate the maximum rent, list the total tenant payments (TTP) paid by all tenants in this size unit in the PHA's jurisdiction from largest to smallest, then take the TTP that falls at the 95th percentile.
Line 10i:	Maximum amount of rent subsidy available to the family. Subtract total tenant payment (TTP) (line 10a) from the Public Housing maximum rent (line 10h).
Line 10j:	The total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 10k:	The total number of family members in the household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 10n:	The total amount of rent subsidy for which the family is eligible. Divide family maximum subsidy (line 10i) by the total number in the family (line 10k) and multiply the product by the total number eligible (line 10j).
Line 10p:	The mixed family total tenant payment (TTP) for the unit based on the proration calculation. Public Housing maximum rent (line 10h) minus eligible subsidy (line 10n).
Line 10r:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Note:	If there is no utility allowance, enter 0.
Line 10s:	The rent amount the family pays to the owner after deducting the utility allowance (line 10r) from the mixed family total tenant payment (TTP) (line 10p), or the total credit amount the family receives to pay for utilities.
Line 10u:	Indicate whether the family selected an income based rent or a flat rent.

11. Section 8: Project Based Certificates and Vouchers

11b.	Is family now moving to this unit? (Y or N)		11b
11d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 11g)		11c.
11e.	Cost billed per month (put 0 if absorbed)	$	11e.
11f.	PHA code billed		11f.
11g.	Housing type: [ ] Group Home (prorate gross rent) [ ] SRO: 1 room occupied by 1 person		
11h.	Owner name		11h.
11i.	Owner TIN/SSN		11i.
11k.	Contract rent to owner (if unit has other subsidy, put subsidized rent)	$	11k.
11m.	Utility allowance, if any	$	11m.
11n.	Gross rent of unit: 11k + 11m	$	11n.
11q.	TTP: copy from 9j	$	11q.

Rent Calculation (if prorated rent, skip to 11aa)

11r.	Total HAP: 11n minus 11q. If 11q is larger, put 0		$	11r.
11s.	Tenant rent: 11k minus 11r	If positive or 0, put tenant rent	$	11s.
		If negative, credit tenant	$	11s.
11t.	HAP to owner: lower of 11k or 11r		$	11t.

Prorated Rent Calculation

11aa.	Normal total HAP: 11n minus 11q		$	11aa.
11ae.	Total number eligible			11ae.
11af.	Total number in family			11af.
11ag.	Proration percentage: 11ae ÷ 11af			11ag.
11ah.	Prorated total HAP: 11aa X 11ag		$	11ah.
11ai.	Mixed family TTP: 11n minus 11ah		$	11ai.
11aj.	Utility allowance: copy from 11m		$	11aj.
11ak.	Mixed family tenant rent: 11ai minus 11aj	If positive or 0, put tenant rent	$	11ak.
		If negative, credit tenant	$	11ak.
11an.	Prorated HAP to owner: 11k minus 11ak (if 11ak is negative, put 11k)		$	11an.

11:	Section 8: Project Based Certificates and Vouchers
Note:	Complete if the family participates in the Project Based Certificates program (1c= CE) or the Project Based Voucher program (1c= VO) and the type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7).
Line 11b:	Indicate if the family is now moving into the unit.
Line 11d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 11e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP), on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 11f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 11g:	Check the housing type that applies to the family's housing unit.
Line 11h:	The Section 8 unit owner's legal name.
Line 11i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 11k:	Total monthly rent amount paid to the unit owner under the lease, or other subsidized rent amount.
Line 11m:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 11n:	To get the unit's total monthly rent amount, or gross rent, add the contract rent to owner (line 11k) and the utility allowance (line 11m).
Line 11q:	The total tenant payment (TTP). Copy from 9j.
Line 11r:	Total housing assistance payment (HAP), which is composed of the gross rent of unit (line 11n) minus total tenant payment (TTP) (line 11q).
Line 11s:	The rent amount the family pays to the owner after deducting the total housing assistance payment (HAP) (line 11r) from the contract rent to owner (line 11k), or the total credit amount the family receives to pay utilities.
Line 11t:	The amount of the housing assistance payment (HAP) to the unit owner. The lower amount of the contract rent to owner (line 11k) or total HAP (line 11r).
Line 11aa:	Amount of the normal total housing assistance payment. Subtract total tenant payment (TTP) (line 11q) from gross rent (line 11n).
Line 11ae:	Total number of family members eligible for a rent subsidy based on the Noncitizens Rule.
Line 11af:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 11ag:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 11ae) by total number in family (line 11af).
Line 11ah:	Total prorated housing assistance payment (HAP). Multiply normal total HAP (line 11aa) by proration percentage (line 11ag).
Line 11ai:	Total tenant payment (TTP) for the unit based on the proration calculation. Gross rent of unit (line 11n) minus prorated total housing assistance payment (HAP) (line 11ah).
Line 11aj:	Monthly allowance amount for tenant supplied utilities if the payment does not include all utilities. Copy from line 11m.
Line 11ak:	The rent amount the family pays to the owner after deducting the utility allowance (line 11aj) from the mixed family total tenant payment (TTP) (line 11ai), or the total credit amount the family receives to pay utilities.
Line 11an:	The total prorated housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 11ak) from the contract rent to owner (line 11k).
Note:	If the mixed family tenant rent (line 11ak) is negative, enter the contract rent to owner (line 11k).

12. Housing Choice Vouchers: Tenant Based Vouchers

12a.	Number of bedrooms on Voucher		12a.
12b.	Is family now moving to this unit? (Y or N)		12b.
12c.	Does the family qualify as a Hard to House family? (Y or N)		12c.
12d.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 12g)		12d.
12e.	Cost billed per month (put 0 if absorbed)	$	12e.
12f.	PHA code billed		12f.
12g.	Housing type: [ ] Group Home (prorate gross rent) [ ] Own manufactured home, lease space [ ] SRO: 1 room occupied by 1 person		
12h.	Owner name		12h.
12i.	Owner TIN/SSN		12i.
12j.	Payment standard for the family	$	12j.
12k.	Rent to owner	$	12k.
12m.	Utility allowance, if any	$	12m.
12p.	Gross rent of unit: 12k + 12m (or Space Rent)	$	12p.
12q.	Lower of 12j or 12p	$	12q.
12r.	TTP: copy from 9j	$	12r.
12s.	Total HAP: 12q minus 12r	$	12s.

Rent Calculation (if prorated rent, skip to 12ab)

12t.	Total family share: 12p minus 12s	$	12t.
12u.	HAP to owner: lower of 12k or 12s	$	12u.
12v.	Tenant rent to owner: 12k minus 12u	$	12v.
12w.	Utility reimbursement to family: 12s minus 12u, but do not exceed 12m	$	12w.

Prorated Rent Calculation

12ab.	Normal total HAP: copy from 12s, but do not exceed 12p		$	12ab.
12ac.	Total number eligible			12ac.
12ad.	Total number in family			12ad.
12ae.	Proration percentage: 12ac ÷ 12ad		$	12ae.
12af.	Prorated total HAP: 12ab X 12ae		$	12af.
12ag.	Mixed family total family contribution: 12p minus 12af		$	12ag.
12ah.	Utility allowance: copy from 12m		$	12ah.
12ai.	Mixed family tenant rent to owner: 12ag minus 12ah	If positive or 0, put tenant rent	$	12ai.
		If negative, credit tenant	$	12ai.
12aj.	Prorated HAP to owner: 12k minus 12ai. If 12ai is negative, put 12k		$	12aj.

12:	Housing Choice Vouchers: Tenant Based Vouchers
Note:	Complete if the family participates in the Tenant-based Voucher program (1c= VO) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7).
Line 12a:	Unit size (number of bedrooms) listed on the family's Voucher.
Line 12b:	Indicate if the family is now moving into the unit.
Line 12c:	Indicate whether or not the family qualifies as Hard to House. A family qualifies as Hard to House if there are three or more minors or if there is a disabled family member and the family is moving to a different unit.
Line 12d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 12e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 12f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 12g:	Check the housing type that applies to the family's housing unit.
Line 12h:	The unit owner's legal name.
Line 12i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 12j:	Enter maximum monthly assistance payment for a family assisted in the Voucher program.
Line 12k:	Total monthly rent payable to the unit owner under the lease for the contract unit.
Line 12m:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 12p:	Gross rent of unit or space rent. Add rent to owner (line 12k) to the utility allowance (line 12m).
Line 12q:	Lower of Voucher payment standard for family (line 12j) or gross rent of unit (line 12p).
Line 12r:	Total tenant payment (TTP). Copy from 9j.
Line 12s:	Total housing assistance payment (HAP), which is composed of the lower of the payment standard for the family or gross rent (line 12q) minus total tenant payment (TTP) (line 12r).
Line 12t:	Amount the family contributes toward rent and utilities. Subtract total housing assistance payment (HAP) (line 12s) from gross rent of unit (line 12p).
Line 12u:	The amount of the housing assistance payment (HAP) to the unit owner. The lower of the rent to owner (line 12k) or total HAP (line 12s).
Line 12v:	Rent amount the family pays to the owner after deducting the housing assistance payment (HAP) to owner (line 12u) from the rent to owner (line 12k).
Line 12w:	The utility reimbursement to the family from the PHA. Subtract housing assistance payment (HAP) to owner (line 12u) from total HAP (line 12s), but do not exceed the utility allowance (line 12m).
Line 12ab:	The amount of the normal total housing assistance payment (HAP).
Line 12ac:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 12ad:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 12ae:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 12ac) by total number in the family (12ad).
Line 12af:	Multiply total normal housing assistance payment (HAP) (line 12ab) by the proration percentage (line 12ae).
Line 12ag:	The mixed family total family contribution based on the proration calculation. Take the gross rent of unit (line 12p) minus prorated total housing assistance payment (HAP) (line 12af).
Line 12ah:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 12ai:	The rent amount the family pays to the owner after subtracting the utility allowance (line 12ah) from the mixed family total family contribution (line 12ag); or the total credit amount the family receives to pay for utilities.
Line 12aj:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent to owner (line 12ai) from the rent to owner (line 12k).
Note:	If the mixed family tenant rent to owner (line 12ai) is negative, enter the rent to owner (line 12k).

13. Section 8: Moderate Rehabilitation (Mod Rehab)

13a.	HAP contract number [ ][ ]−[ ][ ][ ]−[ ]R[ ][ ][ ][ ]−[ ][ ][ ][ ]		13a.
13b.	Mod Rehab SRO Program for homeless? (Y or N)		13b.
13c.	Mod Rehab SRO unit (not homeless program)? (Y or N)		13c.
13d.	Owner name		13d.
13e.	Owner TIN/SSN		13e.
13f.	Current base rent	$	13f.
13g.	Rehabilitation debt service	$	13g.
13h.	Contract rent to owner: 13f + 13g	$	13h.
13i.	Utility allowance, if any	$	13i.
13j.	TTP: copy from 9j	$	13j.

Rent Calculation (if prorated, skip to 13p)

13k.	Tenant rent: 13j minus 13i (if 13j is greater than 13h + 13i, put 13h)	If positive or 0, put tenant rent	$	13k.
		If negative, credit tenant	$	13k.
13m.	HAP to owner: 13h minus 13k (if 13k is negative, put 13h)		$	13m.

Prorated Rent Calculation

13p.	Gross rent: 13h + 13i		$	13p.
13q.	Normal total HAP: 13p minus 13j		$	13q.
13r.	Total number eligible			13r.
13s.	Total number in family			13s.
13t.	Proration percentage: 13r ÷ 13s			13t.
13u.	Prorated total HAP: 13q X 13t		$	13u.
13v.	Mixed family TTP: 13p minus 13u		$	13v.
13w.	Utility allowance: copy from 13i		$	13w.
13x.	Mixed family tenant rent: 13v minus 13w	If positive or 0, put tenant rent	$	13x.
		If negative, credit tenant	$	13x.
13z.	Prorated HAP to owner: 13h minus 13x (if 13x is negative, put 13h)		$	13z.

13:	Section 8: Moderate Rehabilitation (Mod Rehab)
Note:	Complete if the family participates in the Moderate Rehabilitation program (1c= MR) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), or Other Change of Unit (2a= 7).
Line 13a:	The housing assistance payment (HAP) contract number. Include the sequence number for each HAP contract. Note: The HAP contract sequence number identifies the particular HAP contract as under the project (funding increment).
Line 13b:	Indicate whether the family's unit is in a Single-Room Occupancy (SRO) project under the SRO Program for Homeless Individuals.
Line 13c:	Indicate whether the family's unit is a Single-Room Occupancy (SRO) unit, but not under the SRO Program for Homeless Individuals.
Line 13d:	The Section 8 unit owner's legal name.
Line 13e:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 13f:	The current base rent for the unit that reflects the most recent rent adjustment.
Line 13g:	The owner's current monthly rehabilitation debt service payments for the unit.
Line 13h:	The monthly rent amount paid to the Mod Rehab unit owner as specified in the housing assistance payment (HAP) contract. Add the current base rent (line 13f) to any monthly rehabilitation debt service (line 13g).
Line 13i:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 13j:	The total tenant payment (TTP). Copy from 9j.
Line 13k:	The rent amount the family pays to the owner after deducting the utility allowance (line 13i) from the total tenant payment (TTP) (line 13j); or the total credit amount the family receives to pay for utilities.
Line 13m:	The amount of the housing assistance payment (HAP) to the unit owner. Subtract the tenant rent (line 13k) from the contract rent to owner (line 13h).
Note:	If the tenant rent (line 13k) is negative, enter the contract rent to owner (line 13h).
Line 13p:	The unit's total monthly rent amount. Add the contract rent to owner (line 13h) to the utility allowance (line 13i).
Line 13q:	The amount of the normal total housing assistance payment (HAP). Subtract total tenant payment (TTP) (line 13j) from the gross rent (line 13p).
Line 13r:	Total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 13s:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 13t:	Percentage of family eligible for rent subsidy. Divide the total number eligible (line 13r) by the total number in family (line 13s).
Line 13u:	The prorated housing assistance payment (HAP). Multiply the normal total HAP (line 13q) by the proration percentage (line 13t).
Line 13v:	The mixed family total tenant payment (TTP). Subtract the prorated total housing assistance payment (HAP) (line 13u) from the gross rent (line 13p).
Line 13w:	If the payment does not include all utilities, the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 13x:	The rent amount the family pays to the owner after deducting the utility allowance (line 13w) from the mixed family total tenant payment (TTP) (line 13v); or the total credit amount the family receives to pay for utilities.
Line 13z:	The total prorated amount of the housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 13x) from the contract rent to owner (line 13h).

15. Homeownership Vouchers

15a.	Is family now moving to this home? (Y or N)		15a.
15b.	Date (mm/dd/yyyy) of initial HQS inspection		15b.
15c.	Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to15f)		15c.
15d.	Cost billed per month (put 0 if absorbed)	$	15d.
15e.	PHA code billed		15e.
15f.	Monthly homeownership payment (PITI & MIP if applicable)	$	15f.
15g.	Utility allowance	$	15g.
15h.	Monthly maintenance allowance	$	15h.
15i.	Monthly major repair/replacement allowance	$	15i.
15j.	Monthly Co-op/Condominium assessments	$	15j.
15k.	Monthly principal and interest on debt for improvements, if any	$	15k.
15m.	Gross homeownership expense: 15f + 15g + 15h + 15i + 15j + 15k	$	15m.
15n.	Payment standard for family	$	15n.
15p.	Lower of 15m and 15n	$	15p.
15q.	TTP: copy from 9j	$	15q.
15r.	HAP: 15p minus 15q (if 15q is larger, put 0)	$	15r.

Subsidy Calculation (if prorated, skip to 15aa)

15s.	Total family share: 15m minus 15r	$	15s.

Prorated Subsidy Calculation

15aa.	Normal total HAP: copy from 15r	$	15aa.
15ab.	Total number eligible		15ab.
15ac.	Total number in family		15ac.
15ad.	Proration percentage: 15ab ÷ 15ac		15ad.
15ae.	Prorated HAP: 15aa X 15ad	$	15ae.
15af.	Mixed family total family share: 15m minus 15ae	$	15af.

15.	Homeownership Vouchers
Note:	Complete if program type is Homeownership (line 1c= VO) and type of action is New Admission (2a= 1), Annual Reexamination (2a= 2), Interim Reexamination (2a= 3), Portability Move-in (2a= 4), or Other Change of Unit (2a= 7).
Line 15a:	Indicate if the family is now moving into the home.
Line 15b:	Date of the initial housing quality standards (HQS) inspection.
Line 15c:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 15d:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP) amount, on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 15e:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 15f:	The monthly homeownership cost.
Note:	Includes principal and interest on initial mortgage debt, taxes and insurance (PITI) and any mortgage insurance premium (MIP), if applicable.
Line 15g:	The PHA's utility allowance for the unit.
Line 15h:	The amount of PHA's allowance for the homeowner's monthly routine maintenance costs.
Line 15i:	The amount of the PHA's allowance for the homeowner's major home repairs and replacements.
Line 15j:	If applicable, enter co-op occupancy charges or condominium association assessments.
Line 15k:	The amount of principal and interest for debt associated with home improvements on the unit.
Line 15m:	Calculation of tenant's total cost of homeownership. Sum of 15f through 15k.
Line 15n:	Enter the lower of the payment standard for the unit size as indicated on the family's Voucher or the payment standard for the unit size that the family actually owns.
Line 15p:	The lower of gross homeownership expense (line 15m) and the payment standard for the family (line 15n).
Line 15q:	Total tenant payment (TTP). Copy from 9j.
Line 15r:	The amount of monthly homeownership assistance payment (HAP). Subtract total tenant payment (TTP) (line 15q) from the lower of 15m and 15n (line 15p).
Note:	If the TTP (line 15q) is larger, enter 0.
Line 15s:	Total amount the family contributes toward homeownership. Subtract housing assistance payment (HAP) (line 15r) from gross homeownership expense (line 15m).
Line 15aa:	The amount of the normal total housing assistance payment.
Line 15ab:	Total number of family members eligible for homeownership subsidy based on the Noncitizens Rule.
Line 15ac:	Total number of family members in the household.
Note:	Include all family members, including ineligible noncitizen family members (3i= IN). Do not include live-in aides or foster children/adults.
Line 15ad:	Percentage of family eligible for homeownership subsidy. Divide the total number eligible (line 15ab) by the total number in family (line 15ac).
Note:	Do not include live-in aides or foster children and adults. Include ineligible noncitizen family members as part of the total family number.
Line 15ae:	The total prorated amount of the homeownership assistance payment (HAP) to the homeowner. Multiply normal total HAP (line 15aa) by the proration percentage (line 15ad).
Line 15af:	The mixed family total family contribution based on the proration calculation. Subtract the prorated housing assistance payment (HAP) (line 15ae) from the gross homeownership expense (line 15m).

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)

17. Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum

17a.	Participate in special programs? (check all that apply) [ ] FSS [ ] Welfare to Work Voucher	
17b.	FSS report category: (check no more than one) [ ] Enrollment [ ] Progress [ ] Exit	
17c.	FSS effective date (mm/dd/yyyy) of action	17c.
17d.	PHA code of PHA administering FSS contract	17d.
17e.	WtW report category (check no more than one) [ ] Enrollment [ ] Progress [ ] Exit	
17f.	WtW effective date (mm/dd/yyyy) of action	17f.
17g.	(1) PHA code of PHA that issued the WtW Voucher	17g(1).
	(2) PHA code of PHA counting the family as enrolled in its WtW Voucher program (if different from 17g(1))	17g(2).
17h.	General information	
	(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time addendum completed. [ ] Full-time (32 hours per week or more) [ ] Part-time [ ] Not employed	
	(2) Date (mm/dd/yyyy) current employment began	17h(2).
	(3) Benefits in current employment: (check all that apply) [ ] Health [ ] Retirement account [ ] Other	
	(4) Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum is submitted. (0-25)	17h(4).
	(5) Assistance received by the family: (check all that apply) [ ] TANF Income Assistance [ ] General Assistance [ ] Food Stamps [ ] Medicaid/Children's Health Insurance Program [ ] Earned Income Tax Credit	
	(6) Number of children receiving childcare services	17h(6).
17i.	Family services table (optional for WtW Voucher)	

	(1) Need (Y or N)	(2) Need Met During Participation in Program (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/Job training			
Job search/job placement			
Job retention			
Transportation			
Health services			
Alcohol and other drug abuse prevention services			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

17i (3) Service provider codes.

P = PHA   D = DOL grantee   PR = For profit entity   E = Employer

T = TANF agency   V = Voluntary organization   N = Nonprofit agency   C = Community college

17:	Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum
Note:	Complete this section if the family participates in the Family Self-Sufficiency or Welfare to Work Programs.
Line 17a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program, a Welfare to Work (WtW) Voucher program, or both.
Line 17b:	Check one category to indicate the purpose of the FSS Addendum.
Line 17c:	The effective date of the FSS action.
Line 17d:	The PHA code associated with the PHA that provides the FSS services.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the PIC Help Hotline at 1-800-366-6827.
Line 17e:	Check one category to indicate the purpose of the WtW Addendum.
Line 17f:	The effective date of the WtW action.
Line 17g(1):	The PHA code associated with the PHA that issued the WtW Voucher. For unknown issuing PHAs, enter own PHA code.
Line 17g(2):	The PHA code of the PHA counting the family as enrolled.
Note:	Only complete if this PHA code differs from 17g(1).
Line 17h(1):	Indicate the head of household's current employment status.
Line 17h(2):	The date the head of household began his/her current job.
Line 17h(3):	Indicate the head of household's current employment benefits. Check all that apply.
Line 17h(4):	Enter the highest *grade* or the *full* years of formal schooling that the head of household completed (0-25).
Note:	Years of schooling begin with first grade (do not count kindergarten or pre-school).
Line 17h(5):	Indicate whether or not the family receives additional assistance, such as food stamps, Medicaid, TANF assistance, or the earned income tax credit.
Line 17h(6):	The number of children in the household who receive childcare services.
Line 17i(1):	Indicate whether or not the PHA identified individual training and service needs of the family members.
Line 17i(2):	If the PHA identified certain needs for family members, indicate whether or not these needs were met during participation in the FSS program.
Line 17i(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.

Family Self-Sufficiency Program (if not in FSS program, skip to 17n)

17j.	FSS Contract Information	
	(1) Initial start date (mm/yyyy) of contract of participation (FSS enrollment report only)	17j(1).
	(2) Initial end date (mm/yyyy) of contract of participation (FSS enrollment report only)	17j(2).
	(3) Contract date extended to (mm/yyyy) (if applicable)	17j(3).
	(4) Number of family members with Individual Training and Services Plan	17j(4).
	(5) Did the family receive selection preference because of a FSS related service program participation? (FSS enrollment report only) (Y or N)	17j(5).
17k.	FSS account information	
	(1) Current FSS account monthly credit	17k(1).
	(2) Current FSS account balance	17k(2).
	(3) FSS account amount disbursed to the family (cumulative as of end of reporting period)	17k(3).
17m.	FSS exit information (FSS Exit Report only)	
	(1) Did family complete contract of participation? (Y or N)	17m(1).
	(2) If (1) is Yes, did family move to homeownership? (Y or N)	17m(2).

(3) If (1) is No, primary reason for exit:

[ ] Left voluntarily   [ ] Portability move-out   [ ] Contract expired but family did not fulfill obligations
[ ] Asked to leave program [ ] Left because essential service was unavailable

Welfare to Work Voucher Program

17n.	WtW program information	
	(1) Date (mm/dd/yyyy) Voucher issued (WtW enrollment report only)	17n(1).
	(2) Date (mm/dd/yyyy) of request for lease approval (RFLA) for a unit leased	17n(2).
	17q. Welfare to Work exit information (WtW exit report only)	
	(1) Is the family moving to homeownership? (Y or N)	17q(1).

(2) Primary reason for leaving the WtW Voucher program:

[ ] Portability move-out

[ ] Family no longer needs subsidy

[ ] Subsidy terminated for Housing Choice Voucher program violation, other than WtW obligations

[ ] Subsidy terminated for violation of WtW obligations

[ ] Family voluntarily withdrew from Housing Choice Voucher program

[ ] Other

17:	Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum (continued)
Line 17j(1):	FSS enrollment report only. The effective date of the family's FSS contract of participation; the date the family *initially* enrolled in the FSS program.
Line 17j(2):	FSS enrollment report only. The expiration date of the family's FSS contract of participation; the date the family is *initially* expected to exit the FSS program. The contract term is for a period of 5 years.
Line 17j(3):	If applicable, the date to which the PHA has extended the family's FSS contract of participation.
Line 17j(4):	The number of family members in the household who have current Individual Training and Services Plans under the FSS contract of participation.
Line 17j(5):	For new FSS enrollment, indicate whether or not the family received an FSS selection preference due to participation in a related service program.
Line 17k(1):	The current dollar amount credited to the family's FSS account due to increases in earned income by the family.
Line 17k(2):	The current dollar amount of the family's FSS account based on the most recent report of account funds and activity.
Line 17k(3):	Total dollar cumulative amount, if any, of all FSS escrow disbursements ever made to the family.
Line 17m(1):	Indicate if the family fulfilled all of its obligations under the contract during the contract term, or when 30% of the family's monthly adjusted income equals or exceeds the existing housing fair market rent (FMR) for the unit size for which the family qualifies.
Line 17m(2):	Indicate if the family completed the contract and is moving to homeownership.
Line 17m(3):	Indicate why the family is not moving to homeownership.
Line 17n(1):	The date the PHA issued the Welfare to Work Voucher.
Line 17n(2):	The date the family submitted a request for lease approval (RFLA) to the PHA.
Line 17q(1):	Indicate whether or not the family withdrew from the WtW program to buy a home.
Line 17q(2):	Identify the reasons why the family is leaving the WtW program.

ATTACHMENT NO. 2
INITIAL UNIT INSPECTION REPORT

[ATTACHED]

25

Standard Dwelling Unit/Home Inspection From

Name of Applicant:_____ Phone #:_____

Address: _____ City/St./Zip__Chicago, IL_____

Date of Inspection: _____ Inspected By:_____

NA= Not Applicable
NOD= No Observed Deficiency
OD=Observed Deficiency

	Annual	Move In	Move Out

Living Room

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor/Carpet	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Fixtures	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Smoke Detector	☐ NA	☐ NOD	☐ OD	Comments	_____

Bath Room(s)

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Cabinets	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Shower/ Tub	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Sink	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Toilet	☐ NA	☐ NOD	☐ OD	Comments	_____

Kitchen

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Cabinets	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Pantry Area	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Sink	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Appliances	☐ NA	☐ NOD	☐ OD	Comments	_____

Bed Room (1)

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Fixtures	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Closet	☐ NA	☐ NOD	☐ OD	Comments	_____

Bed Room (2)

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Fixtures	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Closet	☐ NA	☐ NOD	☐ OD	Comments	_____

Bed Room (3)

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Fixtures	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Closet	☐ NA	☐ NOD	☐ OD	Comments	_____

Bed Room (4)

☐ Walls	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Floor	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Fixtures	☐ NA	☐ NOD	☐ OD	Comments	_____
☐ Closet	☐ NA	☐ NOD	☐ OD	Comments	_____

Additional Comments:

_____

_____

_____

_____

This Unit has:

☐ PASSED   ☐ FAILED

This unit is in decent, safe, and sanitary condition. Any deficiencies identified in this report will be remedied within 30 days of the date the tenant moves into the unit.

Manager Signature: _____   Date: _____

I have inspected the unit and found it to be in decent, safe, and sanitary condition. Any deficiencies have been noted above. I recognize that I am responsible for keeping the apartment in good condition with the exception of normal wear. In the event of damage, I agree to pay the cost to restore the unit to its original condition.

Resident Signature:_____   Date: _____

FOR MOVE OUTS ONLY:

Manager Signature _____   Date: _____
_____

RESIDENT TO CHECK ITEM BELOW:

_____   Agree with move-out inspection

_____   Disagree with move-out inspection

If resident disagrees, list specific items of disagreement:

_____

_____

_____

Resident Signature _____   Date:_____

ATTACHMENT NO. 4
CHICAGO LANDLORD AND TENANT ORDINANCE SUMMARY

[ATTACHED]

Chicago Rents Right

Good Tenants, Good Landlords, Great Neighborhoods!

For more information, please call 312-742-RENT (7368)

In Chicago, tenants and landlords have rights and responsibilities. The City of Chicago Residential Landlord and Tenant Ordinance Summary outlines the important aspects of the 1986 legislation that provides and protects those rights.

Chicago Rents Right program provides resources and information for tenants and landlords. With more than 60 percent of Chicagoans living in rental housing, good relations between landlords and tenants are essential to fostering the healthy neighborhoods that make a vibrant Chicago.

An essential aspect of this relationship is equal treatment in housing. The Chicago Commission on Human Relations oversees enforcement of the Chicago Fair Housing Ordinance, which prohibits discrimination based on race, color, ancestry, national origin, religion, sex, sexual orientation, marital status, parental status, age, disability, source of income and military discharge status.

For more information about rental rights, responsibilities, education and help-line resources, tenants and landlords are encouraged to call 312-742-RENT (7368).

In Chicago, we recognize that good landlords and good tenants make great neighborhoods. Simply put — *Chicago Rents Right.*

Richard M. Daley
Mayor

City of Chicago
Richard M. Daley
Mayor

CITY OF CHICAGO
RESIDENTIAL LANDLORD AND TENANT ORDINANCE SUMMARY

The Department of
HOUSING and
ECONOMIC
DEVELOPMENT

At initial offering, this Summary of the ordinance must be attached to every written rental agreement and also upon initial offering for renewal. The Summary must also be given to a tenant at initial offering of an oral agreement, whether the agreement is new or a renewal. Unless otherwise noted, all provisions are effective as of November 6, 1986. (Mun. Code Ch. 5-12-170)

> **IMPORTANT: IF YOU SEEK TO EXERCISE RIGHTS UNDER THE ORDINANCE, OBTAIN A COPY OF THE ENTIRE ORDINANCE TO DETERMINE APPROPRIATE REMEDIES AND PROCEDURES. CONSULTING AN ATTORNEY WOULD ALSO BE ADVISABLE. FOR A COPY OF THE ORDINANCE, VISIT THE CITY CLERK'S OFFICE ROOM 107, CITY HALL, 121 N. LASALLE, CHICAGO, ILLINOIS.**

IMPORTANT NOTICE

A message about porch safety: The porch or deck of this building should be designed for a live load of up to 100 lbs. per square foot, and is safe only for its intended use. Protect your safety: Do not overload the porch or deck. If you have questions about porch or deck safety, call the City of Chicago non-emergency number, 3-1-1.

WHAT RENTAL UNITS ARE COVERED BY THE ORDINANCE? (MUN. CODE CH. 5-12-010 & 5-12-020)
Rental units with written or oral leases (including all subsidized units such as CHA, IHDA, Section 8 Housing Choice Vouchers, etc.)

EXCEPT
• Units in owner occupied buildings with six or fewer units.
• Units in hotels, motels, rooming houses, unless rent is paid on a monthly basis and unit is occupied for more than 32 days.
• School dormitory rooms, shelters, employee's quarters, non-residential rental properties.
• Owner occupied co-ops and condominiums.

WHAT ARE THE TENANT'S GENERAL DUTIES UNDER THE ORDINANCE? (MUN. CODE CH. 5-12-040)
The tenant, the tenant's family and invited guests must comply with all obligations imposed specifically upon tenants by the Municipal Code, including:
• Buying and installing working batteries in smoke and carbon monoxide detectors within tenant's apartment.
• Keeping the unit safe and clean.
• Using all equipment and facilities in a reasonable manner.
• Not deliberately or negligently damaging the unit.
• Not disturbing other residents.

LANDLORD'S RIGHT OF ACCESS (MUN. CODE CH. 5-12-050)
• A tenant shall permit reasonable access to a landlord upon receiving two days notice by mail, telephone, written notice or other means designed in good faith to provide notice.
• A general notice to all affected tenants may be given in the event repair work on common areas or other units may require such access.
• In the event of emergency or where repairs elsewhere unexpectedly require access, the landlord must provide notice within two days after entry.

SECURITY DEPOSITS AND PREPAID RENT (MUN. CODE CH. 5-12-080 AND 5-12-081)
• A landlord must give a tenant a receipt for a security deposit including the owner's name, the date it was received and a description of the dwelling unit. The receipt must be signed by the person accepting the security deposit.
• However, if the security deposit is paid by means of an electronic funds transfer, the landlord has the option to give an electronic receipt. The electronic receipt must describe the dwelling unit, state the amount and date of the deposit, and have an electronic or digital signature. (eff. 10-8-10)
• However, the landlord may accept the payment of the first month's rent and the security deposit in one check or one electronic funds transfer and deposit such rent and security deposit into one account, if the landlord within 5 days of such acceptance transfers the security deposit into a separate account. (eff. 10-8-10)
• A landlord must hold all security deposits in a federally insured interest-bearing account in a financial institution located in Illinois. Security deposits and interest thereon shall not be commingled with the assets of the landlord.
• A written rental agreement must specify the financial institution where the security deposit will be deposited. If there is no written rental agreement, the landlord must in writing provide such information to the tenant within 14 days of the receipt of the security deposit. If the security deposit is transferred to another financial institution, the landlord must notify the tenant within 14 days of the transfer the name and address of the new financial institution. (eff. 10-8-10)

SECURITY DEPOSITS AND PREPAID RENT (MUN. CODE CH. 5-12-080 AND 5-12-081) (cont.)

- A landlord must pay interest each year on security deposits and prepaid rent held more than six months. (eff. 1-1-92)
- The rate of interest a landlord must pay is set each year by the City Comptroller. (eff. 7-1-97)
- Before expenses for damages can be deducted from the security deposit, the landlord must provide the tenant with an itemized statement of the damages within 30 days of the date the tenant vacates the unit.
- A landlord must return all security deposits and required interest, if any, minus unpaid rent and expenses for damages, within 45 days from the date the tenant vacates the unit.
- In the event of a fire, a landlord must return all security deposit and required interest, if any, minus unpaid rent and expenses for damages, within seven days from the date that the tenant provides notice of termination of the rental agreement. (eff. 1-1-92)
- In the event of a sale or any other disposition of residential real property by a landlord, the successor landlord is liable to the tenant for any security deposit or prepaid rent paid to the original landlord. The successor landlord must notify the tenant, in writing, within 14 days from the disposition that the deposit or prepaid rent was transferred to the successor landlord. The original landlord remains liable for the deposit until the original landlord transfers the deposit or prepaid rent to the successor landlord and provides proper notice of such transfer to the tenant. (Mun. Code Ch. 5-12-080 (e) eff. 5-18-10)
- Subject to correcting a deficient amount of interest paid to a tenant on a security deposit if a landlord fails to comply with specified security deposit requirements the tenant shall be awarded damages in an amount equal to two times the security deposit plus interest. (eff. 10-8-10)

WHAT ARE THE LANDLORD'S GENERAL DUTIES UNDER THE ORDINANCE?

- To give tenant written notice of the owner's or manager's name, address and telephone number. (Mun. Code Ch. 5-12-090)
- Within seven (7) days of being served a foreclosure complaint an owner or landlord of a premises that is the subject of the foreclosure complaint shall disclose, in writing, to all tenants of the premises that a foreclosure action has been filed. The owner or landlord shall also notify of a foreclosure suit, in writing, before a tenant signs a lease. (Mun. Code Ch. 5-12-095 eff.11-05-08)
- To give new or renewing tenants notice of:
  1) Code citations issued by the City in the previous 12 months;
  2) Pending Housing Court or administrative hearing actions;
  3) Water, electrical or gas service shut-offs to the building during entire occupancy. (Mun. Code Ch. 5-12-100)
- To maintain the property in compliance with all applicable provisions of the Municipal Code. (Mun. Code Ch. 5-12-070)
- To not require a tenant to renew an agreement more than 90 days before the existing agreement terminates. (eff. 1-1-92) (Mun. Code Ch. 5-12-130 (i))
- To provide a tenant with at least 30 days written notice if the rental agreement will not be renewed. If the landlord fails to give the required written notice, the tenant may remain in the dwelling unit for 60 days under the same terms and conditions as the last month of the existing agreement. (eff. 1-1-92) (Mun. Code Ch. 5-12-130 (i))
- To not enforce prohibited lease provisions. (Mun. Code Ch. 5-12-140)

TENANT REMEDIES (MUN. CODE CH. 5-12-110)

Minor Defects

- If the landlord fails to maintain the property in compliance with the Code and the failure renders the premises not reasonably fit and habitable, the tenant may request in writing that the landlord make repairs within 14 days. If after 14 days repairs are not made, the tenant may:
  1) Request in writing that the landlord make repairs within 14 days, and if the landlord fails to do so the tenant may withhold an amount of rent that reasonably reflects the reduced value of the unit. Rent withholding begins from the fifteenth day until repairs are made; OR
  2) Request in writing that the landlord make repairs within 14 days and if the landlord fails to do so the tenant may have the repairs made and deduct up to $500 or 1/2 of the month's rent, whichever is more, but not to exceed one month's rent. Repairs must be done in compliance with the Code. Receipt for the repairs must be given to the landlord and no more than the cost of the repairs can be deducted from the rent; and also
  3) File suit against the landlord for damages and injunctive relief.

Major Defects

- If the landlord fails to maintain the property in compliance with the Code, and the failure renders the premises not reasonably fit and habitable, the tenant may request in writing that the landlord make repairs within 14 days. If after 14 days repairs are not made, the tenant may immediately terminate the lease. Tenant must deliver possession and move out in 30 days or tenant's notice is considered withdrawn. (eff. 1-1-92)

FAILURE TO PROVIDE ESSENTIAL SERVICES (HEAT, RUNNING OR HOT WATER, ELECTRICITY, GAS OR PLUMBING) (MUN. CODE CH. 5-12-110(f))

- If, contrary to the lease, an essential service is not provided, or if the landlord fails to maintain the building in material compliance with the Code to such an extent that such failure constitutes an immediate danger to the health and safety of the tenant, and the tenant or tenant's family or guests are not responsible for such failure, after giving written notice, the tenant may do ONE of the following:
  1) Procure substitute service, and upon presenting paid receipts to the landlord, deduct the cost from the rent; OR
  2) File suit against the landlord and recover damages based on the reduced value of the dwelling unit; OR
  3) Procure substitute housing and be excused from paying rent for that period. The tenant may also recover from the landlord the cost of substitute housing up to an amount equal to the monthly rent for each month or portion thereof; OR
  4) Request that the landlord correct the failure within 24 hours and if the landlord fails to do so, withhold the monthly rent an amount that reasonably reflects the reduced value of its premises. Rent withholding cannot start until after the 24 hours expires and applies only to days past the 24-hour waiting period. OR (eff. 1-1-92)

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5) Request that the landlord correct the failure within 72 hours and if the landlord fails to do so, terminate the rental agreement. If the rental agreement is terminated, the tenant must deliver possession and move out within 30 days or the notice of termination is considered withdrawn. (eff. 1-1-92)

Note: Remedies 4) and 5) may not be used if the failure is due to the utility provider's failure to provide service. For the purposes of this section only, the notice a tenant provides must be in writing, delivered to the address the landlord has given the tenant as an address to which notices should be sent. If the landlord does not inform the tenant of an address, the tenant may deliver written notice to the last-known address of the landlord or by any other reasonable means designed in good faith to provide written notice to the landlord. (eff.1-1-92)

FIRE OR CASUALTY DAMAGE (MUN. CODE CH. 5-12-110 (g))

- If a fire damages the unit to an extent that it is in material noncompliance with the Code and the tenant, tenant's family or guests are not responsible for the fire or accident, the tenant may:
  1) Move out immediately, but if this is done, the tenant must provide written notice to the landlord of the intention to terminate within 14 days after moving out.
  2) The tenant may stay in the unit, if it is legal, but if the tenant stays and cannot use a portion of the unit because of damage, the rent may be reduced to reflect the reduced value of the unit.
  3) If the tenant stays, and the landlord fails to diligently carry out the work, the tenant may notify the landlord, in writing, within 14 days after the tenant becomes aware that the work is not being diligently carried out, of the tenant's intention to terminate the rental agreement and move out.

SUBLEASES (MUN. CODE CH. 5-12-120)

- The landlord must accept a reasonable subtenant offered by the tenant without charging additional fees.
- If a tenant moves prior to the end of the rental agreement, the landlord must make a good faith effort to find a new tenant at a fair rent. If the landlord is unsuccessful in re-renting the unit, the tenant remains liable for the rent under the rental agreement, as well as the landlord's cost of advertising.

WHAT HAPPENS IF A TENANT PAYS RENT LATE? (MUN. CODE CH. 5-12-140 (h))

- If the tenant fails to pay rent on time, the landlord may charge a late fee of $10.00 per month on rents under $500 plus 5 percent per month on that part of the rent that exceeds $500.00 (i.e., for a $450.00 monthly rent the late fee is $10.00, for a $700 monthly rent the late fee is $10 plus 5% of $200.00 or $20.00 total) (eff. 1-1-92)

WHAT HAPPENS IF A TENANT PAYS RENT DUE AFTER THE EXPIRATION OF THE TIME PERIOD SET FORTH IN A TERMINATION NOTICE? (MUN. CODE CH. 5-12-140 (g) CH. 5-12-130 (g))

- If the landlord accepts the rent due knowing that there is a default in payment, the tenant may stay.

LANDLORD REMEDIES (MUN. CODE CH. 5-12-130)

- If the tenant fails to pay rent, the landlord, after giving five days written notice to the tenant, may terminate the rental agreement.
- If the tenant fails to comply with the Code or the rental agreement, the landlord, after giving 10 days written notice to the tenant, may terminate the rental agreement if tenant fails to correct the violation.
- If the tenant fails to comply with the Code or the rental agreement, the landlord may request in writing that the tenant comply as promptly as conditions permit in the case of emergency, or within 14 days. If the breach is not corrected in the time period specified, the landlord may enter the dwelling unit and have the necessary work done. In this case, the tenant shall be responsible for all costs of repairs.

LOCKOUTS (MUN. CODE CH. 5-12-160)

This section applies to every residential rental unit in Chicago. There are no exceptions.

- It is illegal for a landlord to lock out a tenant, or change locks, or remove doors of a rental unit, or cut off heat, utility or water service, or to do anything which interferes with the tenant's use of the apartment.
- All lockouts are illegal and the Police Department is responsible for enforcement against such illegal activity. (eff. 1-1-92) (Police Special Order 93-12)
- The landlord shall be fined $200 to $500 for each day the lockout occurs or continues.
- The tenant may sue the landlord to recover possession of the unit and twice the actual damages sustained or two months' rent, whichever is greater.

PROHIBITION ON RETALIATORY CONDUCT BY LANDLORD (MUN. CODE CH. 5-12-150)

- A tenant has the right to complain or testify in good faith about their tenancy to governmental agencies or officials, police, media, community groups, tenant unions or the landlord. A landlord is prohibited from retaliating by terminating or threatening to terminate a tenancy, increasing rent, decreasing services, bringing or threatening to bring an eviction action, or refusing to renew a lease agreement.

ATTORNEY'S FEES (MUN. CODE CH. 5-12-180)

- Except in eviction actions, the prevailing plaintiff in any action arising from the application of this Ordinance shall be entitled to recover all court costs and reasonable attorney's fees. (eff. 1-1-92)

WHERE CAN I GET A COPY OF THE ORDINANCE?

- For a copy of the Ordinance, visit the Office of the City Clerk, Room 107, City Hall, 121 North LaSalle Street, Chicago, Illinois or view it at the Municipal Reference Library, Harold Washington Library, 5th Floor, 400 S. State Street, Chicago, Illinois.

Approved by the City of Chicago, July 2010