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CERTIFICATION OF GOOD STANDING – PUBLIC HOUSING/MIXED INCOME

*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.*

Date: _____ PH Tenant ID #: _____ Voucher #: _____

Property Name: _____ Participant Name: _____

Participant Address: _____ Apt #: _____ ZIP Code: _____

In order to transfer the above tenant to the Housing Choice Voucher (HCV) Program or continue providing assistance under the Public Housing/Mixed Income Programs, the Chicago Housing Authority (CHA) requires verification of good standing with the current property owner/manager in accordance with the following CFRs.

CFR24982.551 (e) Violation of the Lease: The family may not commit any serious or repeated violations of the lease.

CFR24982.551 (f) Family Notice to Move or Lease Termination: The family must notify the Housing Authority and the property owner before the family moves out of the unit or terminates the lease.

1. Does the tenant have an outstanding rent balance greater than the current month of rent? *If yes, please attach the notices and ledger.*
☐ No ☐ Yes, in the amount of \$ _____
2. Does the tenant currently owe any balances for damages to the property? *If yes, please attach the incident report.*
☐ No ☐ Yes, in the amount of \$ _____
3. Is the tenant currently under a Repayment Agreement and is not compliant with the agreement? *If yes, please attach a copy of the agreement.*
☐ No ☐ Yes, with a remaining balance of \$ _____
4. Has the tenant violated the lease or any policies or provisions therein? *If yes, please explain.*
☐ No ☐ Yes _____
5. Is the tenant currently in good standing? *If you answered yes to any of the questions above, then the tenant is **not** in good standing.*
☐ Yes ☐ No

I hereby certify that the information provided is true and complete to the best of my knowledge at this time. I understand that CHA will act upon this information quickly and may take legal action against the participant if it is warranted. I agree to inform CHA if any of the above information changes while the participant remains in my unit, until otherwise notified.

Property Owner/Manager (Print) Signature Date

Portfolio Manager/CHA Representative (Print) Signature Date

Rev. 08112020, Eff. 08142020, CHA-0017: Tenant Screening