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Para adquirir la versión traducida, por favor comuníquese al 312-935-2600.

## VACANCY REPORT

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

Please prepare a separate report for each vacant unit within the development/scattered site and submit a signed copy via fax to **312-786-6970** or email to [PBVLeasing@thecha.org](mailto:PBVLeasing@thecha.org) with "Vacancy Report" in the subject line.

**Note:** Vacancies must be reported within 10 calendar days upon learning of a vacancy or expected vacancy.

### Vacancy Information:

Participant Name: \_\_\_\_\_ Tenant ID # (if known): \_\_\_\_\_

Address: \_\_\_\_\_ Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Unit Size (SRO, 1BR, 2BR, etc.): \_\_\_\_\_ Vacancy/Expected Vacancy Date: \_\_\_\_\_

### Reason for Vacancy (Required):

☐ Evicted – Delinquent Rent ☐ Violation of Lease or Family Obligation

☐ Moved with Notice ☐ Moved without Notice

☐ Other (please specify): \_\_\_\_\_

If Other, did the participant provide notice of vacancy? ☐ Yes ☐ No

CHA Referral Needed? ☐ Yes ☐ No

### Property Owner Certification and Signature:

I hereby certify that, to the best of my knowledge, the participant listed above has vacated or will vacate the unit as indicated in this report.

\_\_\_\_\_  
Name (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Telephone #

### For Office Use Only:

Property ID #: \_\_\_\_\_ Vendor #: \_\_\_\_\_ Program Type: ☐ MOD Rehab ☐ PBV

Date Received: \_\_\_\_\_ Received by: \_\_\_\_\_

# of Referrals: \_\_\_\_\_ Date Sent: \_\_\_\_\_ ☐ Email ☐ U.S. Mail

Sent by: \_\_\_\_\_