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

INITIAL OPERATING COST CLAIM

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 claim for each qualifying unit within the development/scattered site and submit it via email to pbv@thecha.org with "Initial Operating Cost Claim Request" in the subject line.

Note: Claims must be submitted 60 days after the effective date of the initial HAP Contract or occupancy of the unit, whichever comes first.

Property Information:

Development Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

Property Owner Information:

Property Owner Name: _____ Vendor #: _____

Address: _____ Unit #: _____

City: _____ State: _____ ZIP Code: _____

Contact Person: _____ Title: _____

Contact Phone #: _____ Email Address: _____

Vacancy Information:

INITIAL OPERATING COST REQUEST			OFFICE USE ONLY	
Unit Number	New Move-In Date or 60 Days after Initial HAP Contract Effective Date	Contract Rent Approved	50% of Contract Rent	# of Months Approved
		\$	\$	

Property Owner Certification of Vacancy:

I hereby certify that, to the best of my knowledge: 1) the above unit has been vacant during the period indicated; 2) all feasible actions have been taken to minimize the likelihood and length of the vacancy, including not rejecting any eligible applicants except for good cause acceptable to CHA; and 3) any additional information required by CHA to verify this claim is attached.

Name (Print)

Title

Signature

Date

For Office Use Only:

Date Received: _____ Property ID #: _____ Payment Approved? ☐ Yes ☐ No

Date Approved: _____ Amount Due: \$ _____ Approved by: _____

Rev. 11162021, Eff. 12082021, CHA-0317: Initial Operating Cost