



Illinois
Housing
Development
Authority

RENTAL SCHEDULE

EFFECTIVE DATE

Development _____

IHDA No. _____

Location _____

HUD or FHA No. _____

IHDA Tax Credits # _____

PIS Date _____

MSA _____

HAP Anniversary Date: _____

of TC units _____

- Family Handicap R. A. P. Sec. 8
 Elderly Sec. 236 Rent Supp. Sec. 8 Mod Rehab

Tax Exempt 80/20

SCHEDULE REFLECTS CHANGE IN:

- RENTS
 INCOME LIMITS 3/6/2015
 UTILITY ALLOWANCES
 UA REVIEW DATE
 ALLOCATION
 INITIAL SCHEDULE
 OTHER

TOTAL NO. OF UNITS	UNIT SIZE	*RENTS		UTILITY ALLOWANCE	UNIT ALLOCATION		COMMENTS
		236 BASIC RENT	MARKET RATE		SUBSIDY	MARKET RATE	
0					0	0	
		TOTAL			0	0	

*Does not include utility allowance

INCOME LIMITS
(by Family Size)

GPI = \$0

County:	1	2	3	4	5	6	7	8	
<input type="checkbox"/> 50% (Very Low)									Program Administration Officer Date
<input type="checkbox"/> 60% (Low)									
<input type="checkbox"/> 80% (Low)									Assistant Director Date Program Administration
<input type="checkbox"/> 120% (Moderate)									
<input type="checkbox"/> Other ()									Asst. Director/Director, AMS Date