



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
		SEC 8 RENT	MARKET RATE		SUBSIDY	MARKET RATE	
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 ( 30% V V L )									Asst. Director/Director, AMS      Date