



Illinois  
Housing  
Development  
Authority

# RENTAL SCHEDULE

EFFECTIVE DATE

Development \_\_\_\_\_

IHDA No. \_\_\_\_\_

Location \_\_\_\_\_

HUD or FHA No. \_\_\_\_\_

IHDA Tax Credits # \_\_\_\_\_

PIS Date \_\_\_\_\_

MSA \_\_\_\_\_

SCHEDULE REFLECTS CHANGE IN:

RENTS \_\_\_\_\_

INCOME LIMITS 3/6/2015

UTILITY ALLOWANCES \_\_\_\_\_

UA REVIEW DATE \_\_\_\_\_

ALLOCATION \_\_\_\_\_

INITIAL SCHEDULE \_\_\_\_\_

OTHER \_\_\_\_\_

HOME \_\_\_\_\_  Trust Fund Bond \_\_\_\_\_  HPP/FAF \_\_\_\_\_  
 Risk Sharing/Ambac \_\_\_\_\_  Tax Exempt (80/20) \_\_\_\_\_  HTF \_\_\_\_\_

# of TC units \_\_\_\_\_  
 Family  Elderly  Handicap

TOTAL NO. OF UNITS	UNIT SIZE	*RENTS				UTILITY ALLOWANCE	UNIT ALLOCATION				COMMENTS
		RESTRICTED RENTS					RESTRICTED UNITS				
		VERY VERY LOW	VERY LOW 50%	LOW INCOME	MARKET		VERY VERY LOW 0%	VERY LOW 50%	LOW INCOME 0%	MARKET	
0		TOTAL					0	0	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)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 60% (Low)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 80% (Low)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> 120% (Moderate)	_____	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/> Other ( )	_____	_____	_____	_____	_____	_____	_____	_____

\_\_\_\_\_  
Program Administration Officer Date

\_\_\_\_\_  
Assistant Director Date

\_\_\_\_\_  
Director, AMS Date