**Illinois Housing Development Authority**

**Rental Housing Support Program**

**Vacancy Notification Form**

|  |  |
| --- | --- |
| LAA NAME: | DATE SUBMITTED: |

LANDLORD NAME:

|  |  |
| --- | --- |
| EFFECTIVE DATE  ( |  |

**Please note all rents are based on actual days in the unit.**

**If a tenant moves out mid month the rent will be prorated accordingly.**

TENANT NAME:

UNIT ADDRESS (include unit # if applicable):

FINAL MONTH RENT AMOUNT:

FINAL MONTH SUBSIDY AMOUNT: FINAL MONTH TENANT SHARE:

Please select the appropriate reason for the vacancy below. If “tenant decision” is selected, please select the appropriate sub-option.

Eviction Transfer to another program

Unit Size Other

Tenant Decision

Financial

Family Reasons

Undesired Location

By signing this document you certify that all information above is true to the best of your knowledge and ability.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Landlord**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (if the landlord cannot, or will not sign, write in the reason)**

**Signature of Landlord**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Printed Name of Authorized Signer from LAA**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Authorized Signer from LAA**

**NOTE: THIS FORM SHOULD BE SUBMITTED WITH IN THREE DAYS OF VACANCY.**