**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.**