



225 N. Michigan Avenue
Suite 800
Chicago, IL 60601

Notice of Casualty Loss

DATE OF EVENT:

STREET ADDRESS:

PROPERTY NAME:

CITY:

OF BUILDINGS AFFECTED:

STATE: IL ZIP:

OF UNITS AFFECTED:

PID:

BIN(s) OF AFFECTED BUILDINGS (if applicable)*

TYPE OF DAMAGE

FIRE ☐

FLOOD ☐

TORNADO ☐

STORM DAMAGE ☐

OTHER (PLEASE DESCRIBE)

Are you planning on filing an insurance claim related to the casualty loss event? Yes ☐

Is the development in a federally-declared disaster area? Yes ☐

*If listing multiple BINS, please separate with commas

NARRATIVE OF EVENT/ADDITIONAL INFORMATION

TENANT DISPLACEMENT

How many tenants have been displaced?

How many tenants will be permanently displaced?

If temporarily displaced, how many months do you estimate it will take to rehouse all tenants?

If your narrative of the event exceeds the space above, please submit the narrative in a separate document and write "See attachment" in the box

Please attach 1) photos of the damages so that IHDA staff can assess the severity and 2) any formal plans that have been put in place to assist with the temporary or permanent relocation of tenants.

Owner/Agent Signature

DATE

