

**HOUSING PROVIDERS QUARTERLY REPORT
 PAYMENT / VOUCHER REIMBURSEMENT REQUEST**
 Chicago Low Income Housing Trust Fund
 Rental Subsidy Program

A. Owner: _____
 B. Property Manager: _____
 C. Address of Property _____
 D. Contact Information: Phone: _____
 Email: _____
 E. Term of Agreement: _____

IDAP: _____

 Property Code: _____
TRUST FUND USE ONLY

F. Total Approved Agreement Amount: _____ Total Approved Subsidies: _____
 G. Reimbursement Amount Requested _____

H. Voucher Quarter:
 1st Quarter: January 1 through March 31, 20____
 2nd Quarter: April 1 through June 30, 20____
 3rd Quarter: July 1 through September 30, 20____
 4th Quarter: October 1 through December 31, 20____

Trust Fund Use Only

IAN
 DOB
 Title
 Property Tax

I. Quarterly Check List: *(Attach documentation and check box as applicable)*

Existing Tenants:

New Tenants:

- | | |
|---|---|
| <input type="checkbox"/> Income re-certification for tenants
<input type="checkbox"/> Reporting changes in Income or Family Size | <input type="checkbox"/> New Tenant Income certifications, including substantiating evidence
<input type="checkbox"/> Written leases for new tenants filling vacancies |
|---|---|

J. Exhibit L-2: Payment / Voucher Request and Reconciliation is Attached
 Vacant Unit Available: # Bedrooms: _____ Rent: \$ _____
Please send us a message in the landlord portal whenever you have a vacancy in a subsidized unit. Thank you.

K. I hereby certify that the information herein is accurate, and that the Property is in full compliance with the Rental Subsidy Agreement and with all Applicable Law, as of the date hereof.

Date Submitted: _____
 Signed: _____
 Printed Name: _____
 Title: _____

Trust Fund Use Only:
 Approved by: _____ Approved by: _____

_____ \$ _____
 Date Received Date Approved Amount Approved

City RHSP Other

Exhibit L-2

Trust Fund Use Only
IDAP:

Payment / Voucher Request and Reconciliation -- Tenant List
Chicago Low-Income Housing Trust Fund
Rental Subsidy Program

Address of Property: Portion of Rent Eligible for Trust Fund Rental Subsidy

#	Tenant Name	Building	Unit #	#Beds	Lease Start Date	Move Out Date	TOTAL RENT	Tenant Portion of Rent	January	February	March	April	May	June	July	August	September	October	November	December	Total	
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TOTAL Rental Subsidy Eligible for Reimbursement: \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ -

QUARTER TOTALS OF RENT ELIGIBLE FOR RENTAL SUBSIDY: 1st Quarter Total: \$ - 2nd Quarter Total: \$ - 3rd Quarter Total: \$ - 4th Quarter Total \$ -