

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

A. Owner: \_\_\_\_\_ Vendor: \_\_\_\_\_

B. Property Management: \_\_\_\_\_

C. Address of Property \_\_\_\_\_ Bldg: \_\_\_\_\_

D. Payment Delivery

Direct Deposit (Forms previously submitted for direct deposit)

E Contact Information: Phone: \_\_\_\_\_

Email: \_\_\_\_\_

F Term of Agreement: \_\_\_\_\_

G. Total Approved Agreement Amount: \_\_\_\_\_ Total Approved Subsidies: \_\_\_\_\_

H Reimbursement Amount Requested \_\_\_\_\_

I 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
<input type="checkbox"/> IAN
<input type="checkbox"/> DOB
<input type="checkbox"/> Title
<input type="checkbox"/> Property Tax

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

Existing Tenants:

- Income re-certification for tenants
- Reporting changes in Income or Family Size

New Tenants:

- New Tenant Income certifications, including substantiating evidence
- Written leases for new tenants filling vacancies

K  Exhibit L-2 / Tenant Rent Roll for Subsidies is Attached.

Vacant Unit Available: # Bedrooms: \_\_\_\_\_ Rent: \$ \_\_\_\_\_

*Please call Trust Fund whenever you have a vacancy in a subsidized unit. Thank you.*

L I hereby certify that I am in full compliance with the Rental Subsidy Agreement and with all laws as of the date herof.

Date Submitted: \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Trust Fund Use Only:

Approved by: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
\$ Amount Approved

- Corp
- RHSP
- Other

Exhibit L-2

**Payment/Voucher Request and Reconciliation -- Tenant List**

Chicago Low Income Housing Trust Fund

Rental Subsidy Program

Address of Property:

#	Tenant Name	Building	Unit #	#Beds	Lease Start Date	Move Out Date	TOTAL RENT	Tenant Portion of Rent

**Portion of Rent Eligible for Trust Fund Rental Subsidy**

January	February	March	April	May	June	July	August	September	October	November	December	Total



TOTAL Rental Subsidy Eligible for Reimbursement:	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
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QUARTER TOTALS OF RENT ELIGIBLE FOR RENTAL SUBSIDY:	1st Quarter Total:	2nd Quarter Total:	3rd Quarter Total:	4th Quarter Total:
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