

INTERVIEW REQUEST FORM

Please prepare a separate sheet for each vacant unit in the building within the development or scattered site. This form should be used by property owners/managers to refer applicants to CHA for eligibility determination.

Instructions for Owners/ Managers of development:

- **With Supportive Services:** Applicants from the site-based waiting list may be referred to CHA for eligibility determination if the CHA has not provided a suitable tenant according to the development’s selection criteria within 30 days of the owner reporting the vacancy to CHA. If the site has a preference for homeless individuals/families, please attach a copy of the certification letter verifying homeless status when returning this form.
- **Senior Housing (With or Without Services):** Same requirements as developments with Supportive Services.
- **Without Supportive Services:** Applicants from the site-based waiting list may be referred to the CHA for eligibility determination if the CHA has not provided a suitable tenant according to the development’s selection criteria within 60 days of the owner reporting the vacancy to CHA

Owner referrals will not be processed unless the owner has provided an outcome letter to each applicant referred from CHA waiting list with a copy to CHA indicating the reason for denial or the result of the owner’s outreach efforts made to each applicant.

Please fill in all required fields and return a signed copy via fax (312-786-6970) or email (praleasing@thecha.org), indicate **“INTERVIEW REQUEST”** in the subject line.

Applicant’s Name: FIRST _____ LAST _____

Applicant’s: SOCIAL SECURITY # _____ DOB _____

Current Address: _____

Best way to contact (check 1 or both)

Telephone # _____ Email Address _____

Number of people in household (this is the number of people that will occupy the unit): _____

Any children under the age of 6 Yes or No If Yes, How many children under age of 6 _____

Address of unit to be occupied (include unit number):

Number of bedrooms in unit to be occupied (indicate if SRO or Studio): _____

Unit ready for inspection Yes or No if no, when will the unit be ready? _____

PROPERTY BASED OWNER CERTIFICATION FOR SITE BASED REFERRAL

I certify that in an attempt to lease the property based unit located at _____ (Property Name) which became vacant on _____ (Date), I have conducted outreach efforts directed toward the applicants from CHA’s waiting list. The result of the outreach did not yield suitable candidates, I am attaching copies of the notifications sent to the applicants and a summary of the outcome is listed below:

#	Applicant ID	Applicant Name:	Outcome:
1			
2			
3			
4			

5			
6			
7			
8			
9			
10			

I, _____ (Property Manager/Authorized Agent), am referring _____ (Applicant Name) from our site-based waiting list. I certify that this applicant referred to CHA for eligibility determination for our property _____ (Property Name) has been selected in accordance with CHA's priorities and preferences, meets the criteria checked below and that the verification of these criteria is on file at the PBV site:

Priorities: *More than one priority may apply*

- Family/ Senior was selected from CHA's waiting list.
- Family/ Senior is residing in a PBV unit on the date the proposal is selected by the CHA
 - Family lives in a CHA public housing development that, without supportive services, will not be able to sustain lease compliance and therefore will run the risk of becoming homeless (for supportive service units only.)
- Family/ Senior is covered under the CHA Relocation Rights Contract whose right of return or return to final replacement housing has not been satisfied.

Preferences: *More than one preference may apply*

- Family meets the CHA working preference requirement of working at least 20 hours per week or is a person with disabilities or is over 62 years of age.
- Family lives or works in the neighborhood of properties receiving PBV assistance or includes persons with disabilities who need the services offered at this project or site.
 - Family who meets the specific requirements for occupancy of a PBV property or unit which is limited to the homeless, seniors, families with persons with disabilities, families needing supportive services, veterans, or families needing assisted living.
- Owner/ RHI partner is referring the family to the CHA and recommending selection of such family to be determined eligible for the unit.

Name and contact information for property owner or manager:

Name and title (print): _____

Signature: _____ Date: _____

Telephone Number: _____ Email: _____

Confidentiality Statement - HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected on this form. Any person, who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

For Office Use Only

Supervisor Approval for Site-Based Waitlist: _____ Date Received: _____

Applicant ID: _____ Applicant approved? Yes No Property Code: _____

Program Type: Moderate Rehabilitation Property Rental Assistance Regional Housing Initiative