

**Property Rental Assistance
Application Summary**

Company Information		
Development/Property Name:		
Development Address, City, State and Zip:		
Community Area:	Census Tract:	Ward /Alderman:
_____	_____	_____
Owner's Name:		Owner's Email Address:
_____		_____
Owner's Telephone Number:		Owner's Fax number:
_____		_____
Owner's Address, City, State and Zip:		

Contact Person Name & Title:		

Contact Person Address, City, State and Zip:		

Email Address:		

Telephone number:		Fax number:
_____		_____

Development Information	
Application Type	<input type="checkbox"/> New Construction <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Existing
Requested Assistance Contract Term:	<input type="checkbox"/> Thirty Years <input type="checkbox"/> Fifteen Years <input type="checkbox"/> Other: _____
Type of Building	<input type="checkbox"/> Elevator <input type="checkbox"/> Walk-up <input type="checkbox"/> Townhouse <input type="checkbox"/> Single Family Homes
Structure type	<input type="checkbox"/> Low Rise (4 or less Story) <input type="checkbox"/> High Rise (5 or more Story)
Target Population	<input type="checkbox"/> Working Families <input type="checkbox"/> Seniors <input type="checkbox"/> Households in Need of Supportive Services <input type="checkbox"/> SH: Veterans <input type="checkbox"/> SH: Individuals <input type="checkbox"/> SH: Grand Families
Number of Floors/Level in building: _____	Number of buildings at Property: _____
Total Number of Units at Property:	PRA Assisted Units:
_____	_____

Unit Mix	Studio: _____	1 BR: _____	2 BR: _____	3BR: _____	4 BR: _____	Other: _____
Proposed Number of PRA Units	Studio: _____	1 BR: _____	2 BR: _____	3BR: _____	4 BR: _____	Other: _____
Unassisted /Market Rent	Studio: _____	1 BR: _____	2 BR: _____	3BR: _____	4 BR: _____	Other: _____
Proposed PRA Unit Rent	Studio: _____	1 BR: _____	2 BR: _____	3BR: _____	4 BR: _____	Other: _____
Are there any Supportive Services Provided: <input type="checkbox"/> No or <input type="checkbox"/> Yes						

COMPLETED BY:	Print Name:	Title:
	Signature:	Telephone:

Chicago Housing Authority Use Only

Date Received:	
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