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SPECIAL AGREEMENT WITH HCV FAMILIES AFFECTED BY THE STATE OF ILLINOIS 2015 BUDGET IMPASSE

If you need this document in a different language or LARGER FONT or if you need a reasonable accommodation (persons with disabilities), please call 312-935-2600 or TTY: 312-461-0079. Advance notice of seven days is required in order to arrange for interpreter services.

[Date]

Voucher #:

By signing this agreement the Head of Household and the affected household member(s) certify that they are an employee of the State of Illinois or of an entity funded by the State of Illinois and as such have not received wages due to the 2015 budget impasse. The Head of Household also certifies that this has created a financial hardship for the family and that there is not sufficient household income to pay the tenant portion of rent.

Signing this agreement requests CHA grant a temporary hardship rent exemption to the family. The head of household agrees that upon receipt of retroactive wages s/he will contact the CHA within 30 days of receipt of the retroactive wages to schedule an appointment so the tenant portion of rent can be recalculated. Additionally, the head of household acknowledges that the hardship exemption is temporary and the family must reimburse CHA the increased HAP paid on behalf of the family during this period. Also, the family acknowledges they have the option to pay the amount owed in full or may enter into a repayment agreement whereby the standard repayment agreement rules apply.

Further the head of household certifies that they fully understand the voucher will be terminated if they fail to contact CHA within the required 30 days to schedule an appointment so the tenant portion of rent can be recalculated and arrangements made to reimburse CHA the HAP paid during this temporary period of hardship.

Finally, the head of household acknowledges this is a discretionary action offered by the CHA so as not to jeopardize the housing of the family identified above and can be revoke at any time with or without cause by CHA.

Head of Household Signature _____
Date

Spouse/Co-Head Signature, if applicable _____
Date

CHA HOUSING CHOICE VOUCHER PROGRAM OFFICE LOCATIONS

Rev. 12162016, CHA-0219: State of IL. Budget Impasse 2015

() **Central Office**
60 E. Van Buren Street, Chicago, IL 60605
CHA Customer Call Center / TTY
312-935-2600 / 312-461-0079

() **South Office**
10 W. 35th Street, Chicago, IL 60616
Web
www.thecha.org/hcv

() **West Office**
2750 W. Roosevelt Road, Chicago, IL 60608
Email
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