

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

A. Owner:	_____	Vendor Code: _____
B. Property Manager:	_____	Property Code: _____
C. Address of Property:	_____	
		<b>TRUST FUND USE ONLY</b>

D. Contact Information: Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

E. Term of Agreement: \_\_\_\_\_

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

G. Reimbursement Amount Requested: \_\_\_\_\_

H. Voucher Quarter:		<b>Trust Fund Use Only</b>
<input type="checkbox"/> 1st Quarter: January 1 through March 31, 20____		<input type="checkbox"/> IAN
<input type="checkbox"/> 2nd Quarter: April 1 through June 30, 20____		<input type="checkbox"/> DOB
<input type="checkbox"/> 3rd Quarter: July 1 through September 30, 20____		<input type="checkbox"/> Title
<input type="checkbox"/> 4th Quarter: October 1 through December 31, 20____		<input type="checkbox"/> Property Tax

I. 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

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

