Exhibit A – Relocation Rights Contract
Exhibit B – Pre-Marketing Letter

Date: __________________________

Dear __________________________:

On __________________________ our rental office will be opening for apartments at Jazz on the Boulevard. This development will offer __________________ bedroom apartments for low-income families. The apartments will be ready for occupancy on or around __________________________.

If you know of any interested families, please have them contact our management office at _____________ __________. If you have any questions before __________________________, please call at _____________ __________.

The Jazz on the Boulevard Development does not discriminate against any application on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

In addition, Jazz on the Boulevard Development does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

The person named below has been designated to coordinate compliance with the nondiscrimination requirements contained in the Department of Housing and Urban Development's regulations implementing Section 504 (24 CFR Part 8 dated June 2, 1988).

________________________________________________________________________
Name

________________________________________________________________________
Address

________________________________________________________________________
City State Zip Code

________________________________________________________________________
Telephone (voice)

________________________________________________________________________
Telephone (TDD)

Sincerely,

________________________________________________________________________
Property Manager
Exhibit C – Pre-Application Card

Century Place Development Corporation
Pre-Application

NAME___________________________________ DATE_____________________________________
CURRENT ADDRESS ______________________________ PHONE NUMBER __________________________
DATE THE APARTMENT IS NEEDED ___________ AMOUNT OF RENT ________ HOUSEHOLD
STUDIO OR NUMBER OF BEDROOMS__________ YOU PAY NOW __________ INCOME (MONTHLY)_________
ARE YOU PHYSICALLY HANDICAPPED? _______________________________
LIST ANY PETS HERE__________________________________________________________
NAME OF CURRENT EMPLOYER
(OR SOURCE OF INCOME)
_________________________________________________________________________________
ARE YOU CURRENTLY HOMELESS? _________________________________
NAME ______________________________
RELATIONSHIP _______________________
NAME AND RELATIONSHIP OF
THOSE WHO WILL BE LIVING
IN THIS UNIT
__________________________________________
______________________________
______________________________

THANKYOU FOR CHOOSING CENTURY PLACE

HOW DID YOU FIND OUT ABOUT CENTURY PLACE?
________________ SAW SIGN
________________ NEWSLETTER
________________ WALK IN
________________ OTHER
________________ RESIDENT OR OTHER REFERRAL

ARE YOU OR ANY OTHER HOUSEHOLD MEMBERS (INCLUDING MINORS) CURRENTLY A FULL TIME STUDENT
OR EXPECT TO BE IN THE NEXT 12 MONTHS? ________________________________

This pre-application card does not guarantee placement into an apartment.
This pre-application only places you on the waiting list
<table>
<thead>
<tr>
<th>Household Size</th>
<th>(30% of Median)</th>
<th>(40% of Median)</th>
<th>(50% of Median)</th>
<th>(60% of Median)</th>
<th>Federal Preference</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$15,850</td>
<td>$21,120</td>
<td>$26,400</td>
<td>$31,680</td>
<td>A. % Income Paid to Rent</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Monthly Rent ____________</td>
</tr>
<tr>
<td>2</td>
<td>$18,100</td>
<td>$24,120</td>
<td>$30,150</td>
<td>$36,180</td>
<td>Monthly Income ____________</td>
</tr>
<tr>
<td>3</td>
<td>$20,350</td>
<td>$27,160</td>
<td>$33,950</td>
<td>$40,740</td>
<td>Percentage ____________</td>
</tr>
<tr>
<td>4</td>
<td>$22,600</td>
<td>$30,160</td>
<td>$37,700</td>
<td>$45,240</td>
<td>B. Displaced? Yes ___ No ___</td>
</tr>
<tr>
<td>5</td>
<td>$24,450</td>
<td>$32,560</td>
<td>$40,700</td>
<td>$48,840</td>
<td>C. Substandard Housing? Yes ___ No ___</td>
</tr>
<tr>
<td>6</td>
<td>$26,250</td>
<td>$35,000</td>
<td>$43,750</td>
<td>$52,500</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$28,050</td>
<td>$37,400</td>
<td>$46,750</td>
<td>$56,100</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$29,850</td>
<td>$39,800</td>
<td>$49,750</td>
<td>$59,700</td>
<td></td>
</tr>
</tbody>
</table>

Income Ineligible | Add to Waiting List | No Units Available In Size Required | Completed Application Unit Shown No(s) | Qualifies for Federal Preference | Unit Leased No. | Rent Amount $ | Other |
|-------------------|---------------------|-------------------------------------|----------------------------------------|----------------------------------|----------------|--------------|-------|

Staff Signature
### Exhibit D – Pre-Application Card Log

<table>
<thead>
<tr>
<th>Number</th>
<th>Date Received</th>
<th>Time</th>
<th>Name</th>
<th>Unit Type</th>
<th>Live/Work in Community</th>
<th>Accessible Unit Requested</th>
</tr>
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<tbody>
<tr>
<td></td>
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<td></td>
<td>Yes</td>
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<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
Exhibit E – Rejection Letter

Date: _____________________

Dear _____________________:

We wish to thank you for your interest in renting an apartment at Jazz on the Boulevard. After careful consideration and review of your application, we regret to inform you that we are unable to accept your application for tenancy at this time for the following reasons:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

If you wish a review of this decision, please respond in writing to the Jazz on the Boulevard Management office within fourteen (14) days of this letter, excluding weekends and designated Federal holidays, explaining the reasons you are requesting a review, which may include the inaccuracy of any of the above information, or changed or mitigating circumstances relevant to your application.

Regardless of whether or not you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

The Jazz on the Boulevard Development does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Sincerely,

________________________________________

Property Manager
**Exhibit F – Perspective Tenant Tracking Form**

Name: ____________________________

Date Placed on Waiting List: ________________

Position on Waiting List: ____________________

Unit Type Requested: _______________________

Date Desired: ______________________________

Unit Size Available: _________________________

<table>
<thead>
<tr>
<th>Contact Attempt</th>
<th>Date</th>
<th>Attempt Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Certified Letter Mailed: (Yes) or (No)
Certified Letter Response: (Yes) or (No)

Interview Date: ________________

Did Individual attend Interview: (Yes) or (No)

<table>
<thead>
<tr>
<th>If NO – Contact Attempts Within 48 Hours</th>
<th>Date</th>
<th>Time</th>
<th>Attempt Successful</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td></td>
<td>Yes</td>
</tr>
</tbody>
</table>

Accept Unit: (Yes) or (No)

Placed in the Inactive File: (Yes) or (No)

Date Inactive File Letter Mailed: ________________

Annual Waiting List Update Letter Mailed: (Yes) or (No)

Date Annual Waiting List Update Mailed: ________________
Exhibit G – Update Waiting List Letter

Date: ____________________

Dear ____________________:

We are currently in the process of updating our waiting list for the Jazz on the Boulevard Development. Some time ago, you expressed interest in living at our development, and we placed your name was placed on the waiting list.

If you are still interested in living at the Jazz on the Boulevard Development, please complete the enclosed reply card. This card must be completed and returned to the Management office within fifteen (15) business days. Failure to return the card in this time will result in your name being permanently removed from the waiting list.

It is not necessary to call or come in to the office at this time, as we do not have anything immediately available.

The Jazz on the Boulevard Development does not discriminate against any application on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

In addition, the Jazz on the Boulevard Development does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Sincerely,

__________________________
Property Manager
Exhibit H – Reply Card

I AM STILL INTERESTED IN LIVING AT
Jazz on the Boulevard Development

APPLICANT NAME: _________________________________

CURRENT ADDRESS: _______________________________

_________________________________________________
City State Zip Code

HOME TELEPHONE NUMBER: ________________________

WORK TELEPHONE NUMBER: ________________________

UNIT SIZE DESIRED: ________________
Exhibit I – Inactive File Letter

Date: ______________________

Dear ______________________:

This letter is to inform you that the Pre-Application Card you submitted for an apartment at the Jazz on the Boulevard Development is now in the inactive file. This means that your name has been permanently removed from the waiting list.

If you wish to remain on the waiting list, then you must complete a new Pre-Application Card. To receive a Pre-Application Card you can either request one in writing or stop by our Management office and complete one there.

The Jazz on the Boulevard Development does not discriminate against any application on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

In addition, Jazz on the Boulevard Development does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its federally assisted programs and activities.

Sincerely,

______________________________

Property Manager
Exhibit J – Social Service Screening Tool

Program Participant Intake & Assessment
CMHDC Case Management

1. Referral Date: __________

2. Family Name: __________

3. What is your primary language? ___________________________

YOUR LIVING SITUATION

4. Address: __________________________

5. Telephone: __________________________

6. Alternate Telephone: __________________________

7. Marital Status: □ Married □ Single □ Divorced □ Widowed □ Partnered

8. Please give us some information about each person you expect to be living with you. List yourself first, then the other people in your household:

<table>
<thead>
<tr>
<th>NAME</th>
<th>CIRCLE SEX:</th>
<th>DATE OF BIRTH</th>
<th>SOCIAL SECURITY #</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Female</td>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>
Exhibit J – Continued

**FAMILY FINANCIAL RESOURCES**

9. If you receive Food Stamps, what is the cash value you receive EACH MONTH? $______________

10. If you have any money saved or if anyone is holding money for you (for example, a bank, a family member, a friend, a shelter) please indicate how much you currently have: $______________

11. If you receive any part of your monthly cash income (not Food Stamps) from any of the following programs or sources, please list the dollar amount you receive from each one:

<table>
<thead>
<tr>
<th></th>
<th>Program Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>TANF/AFDC (Temporary Aid to Needy Families)</td>
<td>$</td>
</tr>
<tr>
<td>2</td>
<td>ABD (Aged, Blind and Disabled)</td>
<td>$</td>
</tr>
<tr>
<td>3</td>
<td>SSDI (Social Security Disability Insurance)</td>
<td>$</td>
</tr>
<tr>
<td>4</td>
<td>OASDI (Social Security)</td>
<td>$</td>
</tr>
<tr>
<td>5</td>
<td>SSI/P3 (Supplemental Social Security Income)</td>
<td>$</td>
</tr>
<tr>
<td>6</td>
<td>Pension (from past employment of you or your spouse)</td>
<td>$</td>
</tr>
<tr>
<td>7</td>
<td>TA/GA (Transitional or General Assistance)</td>
<td>$</td>
</tr>
<tr>
<td>8</td>
<td>Earnfare</td>
<td>$</td>
</tr>
<tr>
<td>9</td>
<td>VA (Veteran's Administration Assistance)</td>
<td>$</td>
</tr>
<tr>
<td>10</td>
<td>UI (Unemployment Insurance Compensation)</td>
<td>$</td>
</tr>
<tr>
<td>11</td>
<td>Child Support (Including DCFS Grants)</td>
<td>$</td>
</tr>
<tr>
<td>12</td>
<td>Income from Employment</td>
<td>$</td>
</tr>
<tr>
<td>13</td>
<td>Other (Specify)</td>
<td>$</td>
</tr>
<tr>
<td>14</td>
<td><strong>TOTAL PER MONTH</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

12. Are you having any financial problems such as debt (for example, car, credit cards, electricity, gas, medical bills, furniture, or eviction payments)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

13. Have you ever lost or been denied public assistance benefits (from TANF, SSI/P3, Food Stamps, Medicaid, SSDI) what were the reasons:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
YOUR EDUCATION AND WORK EXPERIENCE

14. What is the highest grade you completed in school?

<table>
<thead>
<tr>
<th>Education Level</th>
<th>Year codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elementary</td>
<td>01 02 03 04 05 06 07 08</td>
</tr>
<tr>
<td>High School</td>
<td>09 10 11 12</td>
</tr>
<tr>
<td>Community College</td>
<td>13 14</td>
</tr>
<tr>
<td>Four Year College</td>
<td>13 14 15 16</td>
</tr>
<tr>
<td>More than four years of College</td>
<td>17</td>
</tr>
</tbody>
</table>

15. Did you graduate from High School? 0=NO 1=YES

[If No] Did you earn a GED? 0=NO 1=YES 8=NA

16. Have you ever been employed? 0=NO 1=YES

[If Yes] Please provide some information about your three most recent employers:

Name of most recent employer: __________________________________________________________
Position: __________________________________________________________________________
Employed From: Start date: __________ Finish date: __________
Reason for leaving:  __________________________________________________________________

Name of previous employer: __________________________________________________________
Position: __________________________________________________________________________
Employed From: Start date: __________ Finish date: __________
Reason for leaving:  __________________________________________________________________

Name of previous employer: __________________________________________________________
Position: __________________________________________________________________________
Employed From: Start date: __________ Finish date: __________
Reason for leaving:  __________________________________________________________________

ORGANIZATIONS AND PEOPLE YOU TURN TO FOR ASSISTANCE

17. Please tell us about any programs from which you receive services (e.g., WIC, Medicaid, Project Chance, DV Services, vouchers for food, furniture, clothing; other programs):

__________________________________________________________________________________
__________________________________________________________________________________
__________________________________________________________________________________
Exhibit J – Continued

18. Have you received financial assistance from any other Social Service Agency within the past 12 months? If so from who?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

19. Do you have any family members or friends with whom you are close and what role they play in your life (for example, sharing time, listening, events, child care, transportation, housing):

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

20. Please tell us the name of someone who should be contacted in an emergency:

   Name ____________________________________________

   Relationship ___________________________________

   Address/Telephone _________________________________

   __________________________________________________
21. Please tell us about the general health status of you and your household members. If anyone in your household has any kind of physical health issues (for example, asthma or high blood pressure), or mental/emotional health issues (for example, depression or anxiety), please describe the situation and the treatments received or medications prescribed:

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

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________________________________________________________________________________________

Would you like assistance or a referral regarding any of these issues at this time? 0=NO 1=YES

22. If you have experienced or are currently experiencing abuse from another person, please describe the situation and the actions you have taken to resolve the problem (for example, court-ordered protection):

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Do you believe you are in any danger of physical abuse at this time? 0=NO 1=YES

Would you like assistance regarding this issue at this time? 0=NO 1=YES

23. Is substance or alcohol use a problem for you or a member of your household? If so, please describe the situation, including the last time the person used, and the actions taken to resolve the problem (for example, a treatment program, AA, NA):
Exhibit J – Continued

Would you like assistance regarding any of these issues at this time? 0=NO  1=YES

24. Please describe any other health-related issues involving members of your household that concern you at this time (for example, gang activity, DCFS involvement, history of incarceration).

Would you like assistance regarding any of these issues at this time? 0=NO  1=YES

25. Please tell us the name of a hospital, clinic, or physician from whom you receive medical services:

Name

Address/Telephone

26. Do you or any member of your family wish to receive any assistance from a Case Manager for the following:

☐ Employment: ____________________________

☐ Housing Issues: ____________________________

☐ Child Care: ____________________________

☐ Health Issues (physical and mental): ____________________________

☐ Domestic Violence: ____________________________
Exhibit J – Continued

☐ Substance Abuse: ________________________________
☐ Budget skills: ________________________________
☐ Other: ________________________________

Summary of information:
____________________________________________________________________________________________________________
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Referrals Made:
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____________________________________________________________________________________________________________
____________________________________________________________________________________________________________
____________________________________________________________________________________________________________

My signature below authorizes the Case Manager from Chicago Connections to discuss my application with representatives from the Chicago Metropolitan Housing Development Corporation (CMHDC) for the purposes of determining my appropriateness for housing with CMHDC.

________________________________________  ______________________________
Signature of Applicant                  Date
Exhibit K – Welcome Letter

Date: ______________________

Dear ______________________:

We are delighted that you have been selected for an apartment at Jazz on the Boulevard. Listed below you will find information to make your transition.

New Address: ______________________

Apt. ______________________

______________________________

City State Zip Code

Move-In Date: ______________________

All parties must be present at the lease signing before Management will release any keys. All move-in monies are due in form of cashier’s check or money order before keys are released.

Security Deposit: ______________________

First Month’s Rent: ______________________

Total: ______________________

Please notify your local post office for your change of address. Before the move-in date, it is your responsibility to contact Commonwealth Edison for electric and Ameritech for phone line connections. For your convenience these numbers have been provided below:

Ameritech: 1-800-244-4444
Commonwealth Edison: 1-800-994-7661

If you have any questions before your move-in date, please contact the Management office at _________ _________.

Sincerely,

____________________

Property Manager