

UNIT INSPECTION REPORT

Project Name: _____

Name of Family: _____

Unit No.: _____

Date of Inspection: _____

Time of Inspection: _____

No. of Bedrooms: _____

No. of Baths: _____

KITCHEN					BEDROOM 2				
	<u>Acceptable</u>		<u>Repairs Needed</u>	All Paint Surfaces ⁽¹⁾		<u>Acceptable</u>		<u>Repairs Needed</u>	All Paint Surfaces ⁽¹⁾
	Yes	No				Yes	No		
Ceiling					Doors				
Walls					Trim				
Base Moldings					Walls				
Floors					Base Moldings				
Stove					Ceiling				
Refrigerator					Floor				
Drainboard					Electrical Fixtures				
Sink					Window				
Electrical Fixtures					Trim/Casing/Sills				
Cabinets					BEDROOM 3				
Other					Doors				
BATHROOM					Trim				
Door					Walls				
Trim					Base Moldings				
Walls					Ceiling				
Base Moldings					Floor				
Ceiling					Electrical Fixtures				
Floor					Window				
Toilet					Trim/Casing/Sills				
Basin					MISCELLANEOUS				
Tub/Shower					Thermostat				
Electrical Fixtures					Screens				
Window					Balconies				
Trim/Casing/Sills					Stairs				
LIVING ROOM & DINING ROOM					Smoke Detectors				
Doors					Other				
Trim					Cylinder				
Walls					OTHER:				
Base Moldings									
Ceiling									
Floor									
Electrical Fixtures									
Window									
Trim/Casing/Sills									
BEDROOM 1									
Doors									
Trim									
Walls									
Base Moldings									
Ceiling									
Floor									
Electrical Fixtures									
Window									
Trim/Casing/Sills									

⁽¹⁾ Includes all walls, ceilings, closets, trims, doors, windows, etc.

TYPE OF INSPECTION: (Annual, Semi-Annual, Move-in, Move-out)

Family Certification

I certify that the foregoing report correctly represents the conditions of the above unit.

Signature of Family member/s who made this inspection:

Owner's Certification

I certify that the foregoing report correctly represents the above unit. If this report discloses any deficiencies, I certify that they will be remedied within 30 days of the date this Tenant moves into this unit.

Signature of Owner

HOUSE RULES

We are pleased to provide you with a comprehensive set of House Rules and Regulations. Please read each section and indicate your agreement to abide by these rules with your signature. Thank you in advance for your cooperation!

Roosevelt Square located at 1214 West Roosevelt Road, Chicago, IL, 60608.

- 1. CONDUCT**
- 2. GUESTS**
- 3. RENT PAYMENT/LATE RENT PAYMENTS/RETURNED CHECKS**
- 4. CARE OF THE COMPLEX**
- 5. TRASH**
- 6. CARE OF YOUR APARTMENT**
- 7. PETS**
- 8. LOCKS**
- 9. LOCKOUTS**
- 10. PARKING**
- 11. MOTOR VEHICLE MAINTENANCE**
- 12. LAUNDRY FACILITIES**
- 13. ACKNOWLEDGE/SIGNATURE PAGE**



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CHICAGO'S RESIDENTIAL LANDLORD AND TENANT ORDINANCE SUMMARY

Chicago's Residential Landlord and Tenant Ordinance Summary This Summary of the ordinance must be attached to every written rental agreement or be given to the tenant who has an oral rental agreement. Unless otherwise noted, all provisions are effective as of November 6, 1986. [Mun. Code ch. 5-12-170]

IMPORTANT: IF YOU SEEK TO EXERCISE RIGHTS UNDER THE ORDINANCE, OBTAIN A COPY OF THE ORDINANCE TO DETERMINE APPROPRIATE REMEDIES AND PROCEDURES. CONSULTING AN ATTORNEY WOULD ALSO BE ADVISABLE.

What rental units are covered by the ordinance?

[Mun. Code ch. 5-12-010]

- All rental units with written or oral leases (including subsidized units such as CHA, IHDA, Sect. 8, etc.)

What rental units are not covered by the ordinance?

[Mun. Code ch. 5-12-020]

- Owner-occupied buildings with 6 or fewer units.
- Units in hotels, motels, rooming houses, unless rented on a monthly basis and occupied for more than 32 days.
- School dormitory rooms, shelters, employee's quarters, non-residential rental properties.
- Co-ops and condominiums unless rented.

What are the tenant's general duties under the ordinance?

[Mun. Code ch. 5-12-040]

The tenant, the tenant's family and guests must:

- Comply with all obligations imposed specifically upon tenants by the Municipal Code, including, maintaining smoke detector batteries within tenant's apartment.
- Keep the unit safe and clean.
- Use all equipment and facilities in a reasonable manner.
- Not damage the unit.
- Not disturb other residents.

Landlord's rights of access

[Mun. Code ch. 5-12-050]

- A tenant shall permit reasonable access to a landlord upon receiving 2 days notice by mail, telephone, written notice or other means designed in good faith to provide notice. A general notice to all affected tenants may be given in the event repair work on common areas or other units may require such access.
- In the event of emergency or where repairs elsewhere unexpectedly require such access, the landlord must provide notice 2 days after entry.

Security deposits and prepaid rent

[Mun. Code ch. 5-12-080]

A landlord must give a tenant a receipt for a security deposit including the owner's name, the date it was received and a description of the dwelling unit. The receipt must be signed by the person accepting the security deposit.

- A landlord must pay interest each year at the rate set by the City Comptroller for security deposits held more than 6 months (eff. 7-1-97)
- A landlord must pay interest each year at the rate set by the City Comptroller for prepaid rent held more than 6 months. (eff. 7-1-97)
- A landlord must return all security deposit and interest minus unpaid rent and money for damages, within 45 days from the date the tenant vacates the dwelling unit.

Roosevelt Square

PET POLICIES

Tenants may, after meeting management's requirements, maintain pets from only one of the following categories: (Service animals are not considered pets and are therefore exempt from these policies. Please contact the office if you are planning to obtain an assistive animal, and your request will be processed.)

- A.) Dogs – Maximum number – One (1)
Maximum Size - 25 pounds
Spayed or neutered at appropriate age*
Current distemper and rabies shots
Breed Restrictions: Pit bulls and rottweilers
- B.) Cats – Maximum number – One (1)
Maximum size – N/A, but limited to domestic cats
Spayed or neutered at appropriate age*
Current distemper and rabies shots
- C.) Birds - Maximum number – Two (2) (i.e. Love Birds, Finches, etc.)
No parrots or myna birds or others of this type
Flight wings must be clipped
- D.) Fish - Maximum aquarium size – 30 gallons
Maximum number – Approx. three inches of fish per gallon of water
Aquarium shall be placed in a safe and secure location in the unit

Only routine domestic animals will be allowed. No reptiles, monkeys, or other exotic or undomesticated animals of any type will be allowed.

**Unless prohibited by state or local laws*

- **Interview Process**

A tenant who wishes to have a pet (except for fish) must first, in writing, make a request to the Manager to acquire a pet. The Manager will then schedule an appointment with the Tenant to bring the pet in for an interview and must provide the following information:

1. Veterinarian's certification that the pet is in good health, has had the necessary inoculations and booster shots and is spayed or neutered in the appropriate cases. The interview is to verify that the pet complies with the selection criteria, and appears to be: in good health, well cared for, well behaved, and under control of its owner. Overly aggressive, overly active, or unfriendly animals will not be accepted. The Tenant will be provided with a written ruling as to the pet's acceptability after the interview. If the pet is rejected, the Tenant will be told in writing of the reason for the rejection.
2. The pet owner must designate a "Pet Trustee" who will execute the Pet Agreement Certification along with Tenant. A Pet Trustee is someone chosen by the resident to care for their pet in their extended absence. If a Pet Trustee is not specified, management may contact the appropriate agency to care for the pet.

SATELLITE DISH AND ANTENNA ADDENDUM TO LEASE CONTRACT

Provided that resident's apartment has the necessary exposure to receive line-of-sight satellite reception as determined by Management, resident has permission to install and maintain a satellite dish or antenna to serve the apartment subject to reasonable restrictions and agreements imposed by Management relating to such installation and maintenance. Resident is required to comply with the following restrictions and agreements as a condition of installing and maintaining such equipment.

- Number and size.** Resident may install only one satellite dish or receiving antenna for the apartment. A satellite dish may not exceed 3.3 feet in diameter. A stick type antenna may receive but not transmit signals.
- Location.** The location of the satellite dish or antenna is **limited** to either inside the apartment or an area outside the apartment, such as a balcony, patio or yard over which resident has exclusive use under resident's lease. Installation is prohibited on any roof, exterior wall, window, windowsill, fence or within any common area, parking area, common area stairwells or in an area that other residents are allowed to use. **The height of the satellite dish or antenna shall not exceed six (6) feet as measured from the floor of the balcony or patio.** Devices that extend the satellite dish or antenna beyond the balcony railing or patio boundary **may not** be used. The antenna **shall not** extend above the eave of the balcony, patio, or location of the antenna nor above the plane of the interior ceiling of the apartment floor on which the balcony is located.
- Installation and Maintenance.** Installation and maintenance **must** be done in accordance with all applicable building codes and ordinances by a company approved by Management. Resident will have the sole responsibility for having such company install and maintain resident's satellite dish, antenna and all related equipment at resident's sole expense. The installation of the satellite dish or antenna may not (a) interfere with any cable, telephone or electrical systems used by Management or those of neighboring properties; (b) be connected to Management's telecommunication systems; and (c) be connected to the existing electrical system except by plugging into an existing receptacle. If the satellite dish or antenna is placed in a permitted outside area, it must be safely secured. Management may require reasonable screening of the satellite dish or antenna by plants, etc., so long as it does not impair reception.
- Hook up from exterior dish or antenna to interior of dwelling.** Resident **may not** damage or alter the apartment and **may not** drill holes through outside walls, roofs, balcony railing or glass. The "hook up" to a receiving device inside the apartment can be made only by either (a) a flat cable under a door jam or window sill which does not interfere with the operation of the door or window or (b) by means of a device on a window that allows a signal to pass through the glass.
- Removal and damages.** Upon termination of resident's lease, resident must remove the satellite dish or antenna and other related equipment. Resident must pay for any damages and for the cost of repairs or restoring the apartment to its condition prior to the installation of such equipment.
- Terms of Lease.** The terms of this lease addendum hereby become a part of the resident's lease agreement and it is enforceable in the same manner as the resident's lease agreement. Any breach of the terms of this addendum shall be deemed a substantial breach of the resident's lease agreement, subjecting the resident to lease termination as provided for in the resident's lease agreement.

Resident may install resident's satellite dish or antenna only after resident has:

- signed this addendum;
- paid the additional security deposit (if applicable); and
- received written approval by Management.

RESIDENT ACKNOWLEDGES THAT SIGNING THIS ADDENDUM DOES NOT MEAN THAT HE OR SHE IS ENTITLED TO HAVE A SATELLITE DISH AS NOT ALL APARTMENTS WILL HAVE THE NECESSARY SOUTHERN EXPOSURE REQUIRED FOR LINE-OF-SIGHT SIGNAL RECEPTION IN MANY INSTANCES THIS ADDENDUM WILL PRECLUDE THE INSTALLATION OR USE OF SATELLITE DISHES.

The undersigned resident(s) agree to the foregoing.

Accepted by:

Property Manager

Resident

Date of Addendum

Resident

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LEASE ADDENDUM FOR DRUG-FREE HOUSING

1. Resident, any member of the resident's household, or a guest or invitee of the resident, shall not engage in criminal activity, including gang activity and drug-related criminal activity, on or near the development premises. "Drug-related criminal activity" means the illegal manufacture, sale distribution, use or possession, or intent to manufacture, sell, distribute or use, a controlled substance (as defined in section 102 of the Controlled Substance Act (21 U.S.C. 802).
2. Resident, any member of the resident's household, or a guest or invitee of the resident, shall not engage in any act intended to facilitate criminal activity, including illegal gang activity, and drug-related criminal activity on or near development premises.
3. Resident or members of the household will not permit the dwelling unit to be used for, or to facilitate, criminal activity, including illegal gang activity and drug-related criminal activity, regardless of whether the individual engaging in such activity is a member of the household or a guest or invitee.
4. Resident or members of the household will not engage in the manufacture, sale, or distribution of illegal drugs at any location, whether on or near the development premises or otherwise.
5. Resident, any member of the resident's household, or guest or invitee shall not engage in acts of violence or threats of violence, including, but not limited to, illegal gang activity, the unlawful discharge of firearms on or near the development premises.
6. **VIOLATION OF THE ABOVE PROVISIONS SHALL BE A MATERIAL VIOLATION OF THE LEASE AND GOOD CAUSE FOR TERMINATION OF TENANCY.** A single violation of any of the provisions of this addendum shall be deemed a serious violation and a material noncompliance with the lease. It is understood and agreed that a single violation shall be good cause for termination of the lease. Unless otherwise provided by law, proof of violation shall not require criminal conviction, but shall be by a preponderance of the evidence.
7. In case of conflict between the provisions of this addendum and any other provisions of the lease, the provisions of this addendum shall govern.
8. This Lease Addendum is incorporated into the lease executed or renewed this day between Agent for Owner and Resident. The undersigned has read, understands and agrees to the above and acknowledges that this is a part of the lease.

RESIDENT(s):

Print Name(s)

Address

Date

Resident Signature

Print Name(s)

Address

Date

Resident Signature

Related Management Co. L.P.:

BY: _____
(Print Name)

(Signature)

ATTACHMENT 8
VACATING PROCEDURES FOR RESIDENTS

A. At Lease Expiration

Your lease is a contract that obligates you to pay your apartment rent for the entire term of the lease. However, you can choose not to renew your lease and vacate your apartment at the expiration of the lease, but you are required to give RELATED MANAGEMENT COMPANY **notice of your intent to vacate** your apartment, at least 30 days before your lease expires. If you decide to vacate your apartment at the expiration of your lease, your security deposit will be returned in full (plus interest), provided you have complied with the following:

1. Thirty Days (30-day) notice to vacate in writing is given.
2. Paid your rent in full, including any late charges or charges for damages.
3. Not damaged your apartment beyond normal wear and tear.
4. Cleaned your entire apartment including the range top, oven, refrigerator, bathroom, closets, cabinets, etc. You must vacuum. The carpeting will be cleaned by RELATED MANAGEMENT COMPANY **at no cost to you**, provided it is not soiled beyond normal wear and tear. If you were given permission to install a tacked down area rug or wall-to-wall carpeting over hard wood floors, you must restore the floor to its original condition. Finally, as you clean your apartment, please place debris, trash and discarded material in proper rubbish containers in designated areas.

Note: We recommend that you make arrangements with your building manager to be present when the move-out inspection of your apartment is performed. After you have reviewed the inspection report, you should sign the inspection form to signify your agreement with the findings in order to eliminate disputes about the condition in which you left your apartment. For your convenience, the move-out inspection form has a space for you to provide your forwarding address so that we know where to send your security deposit.

5. Turned in your keys on or before the day your lease expires.

B. Prior to Lease Expiration

If circumstances are such that you need to move **before** the expiration of your lease, you have one (1) option:

1. You can enter into a Lease Buy-Out Agreement requiring you to pay one (1) month rent to buy-out your lease. By completing the following:
 - Supply management with a Thirty Days (30-day) notice to vacate in writing. If less than 30 days written notice is given, then management will charge you for the full 30 days.
 - Paid your rent in full, including any late charges or charges for damages.
 - Not damaged your apartment beyond normal wear and tear.
 - Cleaned your entire apartment including the range top, oven, refrigerator, bathroom, closets, cabinets, etc. You must vacuum. The carpeting will be cleaned by RELATED MANAGEMENT COMPANY **at no cost to you**, provided it is not soiled beyond normal wear and tear. If you were given permission to install a tacked down area rug or wall-to-wall carpeting over hard wood floors, you must restore the floor to its original condition. Finally, as you clean your apartment, please place debris, trash and discarded material in proper rubbish containers in designated areas.
 - Conduct a final move out inspection of the unit with management staff personnel and return all apartment keys, mailbox keys, key cards, etc.

I acknowledge receipt of one (1) copy of the Vacating Procedures.

_____ Tenants Signature	_____ Print Name	_____ Date
_____ Tenants Signature	_____ Print Name	_____ Date



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Mold/Mildew Addendum

This Mold and Mildew Addendum (the “Addendum”) dated _____, 20__ is attached to and made a part of the lease dated _____, 20__ (the “Lease”) by and between [Company Name], as agent for owner of the Apartments (“Lessor”), and _____ (“Resident”) for unit number _____ (the “Unit”) in _____ Apartments (the Apartments”).

Resident acknowledges that it is necessary for Resident to provide appropriate climate control, keep the Unit clean, and take other measures to retard and prevent mold and mildew from accumulating in the Unit. Resident agrees to clean and dust the Unit on a regular basis and to remove visible moisture accumulation on windows, walls and other surfaces as soon as reasonably possible. Resident agrees not to block or cover any of the heating, ventilation or air conditioning ducts in the Unit. Resident also agrees to immediately report to the management office: (i) any evidence of a water leak or excessive moisture in the Unit, as well as in any storage room, garage or other common area; (ii) any evidence of mold- or mildew-like growth that cannot be removed by simply applying a common household cleaner and wiping the area; (iii) any failure or malfunction in the heating, ventilation or air conditioning system in the Unit; and (iv) any inoperable doors or windows. Resident further agrees that Resident shall be responsible for damage to the Unit and Resident’s property as well as personal injury to Resident and Occupants resulting from Resident’s failure to comply with the terms of this Addendum.

A default under the terms of this Addendum shall be deemed a material default under the terms of the Lease, and Lessor shall be entitled to exercise all rights and remedies at law or in equity. Except as specifically stated herein, all other terms and conditions of the Lease shall remain unchanged. In the event of any conflict between the terms of this Addendum and the terms of the Lease, the terms of this Addendum shall control. Any term that is capitalized but not defined in this Addendum that is capitalized and defined in the Lease shall have the same meaning for purposes of this Addendum as it has for purposes of the Lease.

Tenant Signature

Tenant Signature

Management



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TIP SHEET ON MOLD

It is our goal to maintain the highest quality living environment for our residents. To help achieve this goal, it is important to work together to minimize the potential for conditions that could lead to the growth of naturally occurring mold.

Tips for residents

Residents can help minimize mold growth in their apartment homes by taking the following actions:

- Open windows. Proper ventilation is essential. If it is not possible to open windows, run the fan on the apartment air-handling unit to circulate fresh air throughout your apartment.
- In damp or rainy weather conditions, keep windows and doors closed.
- If possible, maintain a temperature of between 50° and 80° Fahrenheit within your apartment at all times.
- Clean and dust your apartment on a regular basis as required by your lease. Regular vacuuming, mopping, and use of environmentally safe household cleaners is important to remove household dirt and debris that contribute to mold growth.
- Periodically clean and dry the walls and floors around the sink, bathtub, shower, toilets, windows and patio doors using a common household disinfecting cleaner.
- On a regular basis, wipe down and dry areas where moisture sometimes accumulates, like countertops, windows and windowsills.
- Use the pre-installed bathroom fan or alternative ventilation when bathing or showering and allow the fan to run until all excess moisture has vented from the bathroom.
- Use the exhaust fans in your kitchen when cooking or while the dishwasher is running and allow the fan to run until all excess moisture has vented from the kitchen.
- Use care when watering houseplants. If spills occur, dry up excess water immediately.
- Ensure that your clothes dryer vent is operating properly, and clean the lint screen after every use.
- When washing clothes in warm or hot water, watch to make sure condensation does not build up within the washer and dryer closet; if condensation does accumulate, dry with a fan or towel.
- Thoroughly dry any spills or pet urine on carpeting.
- Do not overfill closets or storage areas. Ventilation is important in these spaces.
- Do not allow damp or moist stacks of clothes or other cloth materials to lie in piles for an extended period of time.
- Immediately report to the management office any evidence of a water leak or excessive moisture in your apartment, storage room, garage, or any common area.
- Immediately report to the management office any evidence of mold growth that cannot be removed by simply applying a common household cleaner and wiping the area. Also report any area of mold that reappears despite regular cleaning.
- Immediately report to the management office any failure or malfunction with your heating, ventilation, air-conditioning system, or laundry system. As your lease provides, do not block or cover any of the heating, ventilation or air-conditioning ducts in your apartment.
- Immediately report to the management office any inoperable windows or doors.
- Immediately report to the management office any musty odors that you notice in your apartment.

RESIDENTIAL LANDLORD AND TENANT ORDINANCE
Rate of Interest on Security Deposits

Municipal Code Chapters 5-12-080 and 5-22-170

- A landlord must give a tenant a receipt for a security deposit that includes the owner's name, the date it was received and a description of the dwelling unit. The receipt must be signed by the person accepting the security deposit.
- A landlord must pay interest each year on security deposits (eff. 11-6-86) and prepaid rent (eff. 1-1-92) held more than six months.
- The rate of interest that a landlord must pay is set each year by the City of Comptroller (eff. 7-1-97).
- Before a landlord can deduct expenses for damages from the security deposit, the landlord must provide the tenant with an itemized statement of the damages within 30 days of the date the tenant vacates the dwelling unit.
- Within 45 days of the date the tenant vacates the dwelling unit, a landlord must return all security deposit and required interest, if any, minus unpaid rent and expenses for damages.
- In the event of fire, a landlord must return all security deposit and required interest, if any, minus unpaid rent and expenses for damages, within seven days from the date that the tenant provides notice of termination of the rental agreement (eff. 1-1-92).

Under Chapter 5-12 of the Municipal Code of Chicago sections 5-12-081 and 5-12-082, the City Comptroller shall calculate and announce on the first business day of each year, the rate of interest to be paid on security deposits. As of January 1, 2003, based on information from the City Comptroller's Office, the interest rate to be paid on security deposits is 0.52%. This rate is based upon the average of the rate of interest, as of December 31, 2002 if the following types of accounts at Bank One, which is the commercial bank having its main branch located in the City of Chicago and having the largest total asset value: Passbook Saving 0.40 percent; Insured Money Market 0.40 percent; and Six month Certificate of Deposit (based on a deposit of \$1,000) 0.75 percent.

Security Deposit Interest Rate

Current rate – January 1, 2003 through December 31, 2003	0.52%
January 1, 2002 through December 31, 2002:	0.83%
January 1, 2001 through December 31, 2001:	3.10%
January 1, 2000 through December 31, 2000:	2.71%
January 1, 1999 through December 31, 1999:	2.63%
January 1, 1998 through December 31, 1998:	3.38%
July 1, 1997 through December 31, 1997:	3.42%
Before July 1, 1997:	5.00%

For a copy of the complete Residential Landlord and Tenant Ordinance, go to <http://www.chicityclerk.com/legislation/codes/index/.html> and click on Chapter 5-12 – Residential Landlords and Tenants, or visit the Office of the City Clerk, Room 107, City Hall, 121 N. LaSalle St.

For a copy of the Residential Landlord and Tenant Ordinance Summary call 311, or visit the City of Chicago Department of Housing at 318 S. Michigan Ave.

REQUESTS FOR REASONABLE ACCOMMODATIONS

Applicant & Resident Notification

Under Section 504 of the Rehabilitation Act of 1973 owners honor qualified individuals' reasonable requests for modifications in policies, practices and facilities, when such accommodations may be necessary to afford an individual equal opportunity to use and enjoy the benefits of a development and are not fundamental program changes.

Examples of reasonable accommodations may include, but are not limited, to:

- meeting with a qualified individual in his/her unit to conduct a (re)certification interview
- using auxiliary aids where necessary to communicate with a qualified individual
- modifying specific features of units for a qualified individual
- permitting a qualified individual to use assistive devices and animals

A qualified individual with a disability/handicap may request a reasonable accommodation by communicating such a request to an administrative staff member at the site management office. Depending on the nature of the request, the applicant/resident may be requested to complete a *Section 504 Accommodation Request Form*. If the applicant/resident is unable to complete the form due to a disability, staff will accommodate the individual by assisting him/her.

Applicants/residents should also be aware HUD permits all housing providers to verify that the individual requesting a Section 504 accommodation is eligible for such a benefit under law. Therefore staff may request individuals to provide additional information and/or sign verification consent forms.

All requests for accommodations will be processed in accordance with established policy and procedures.

Related Management is committed to comply with all requirements of Section 504 of the Rehabilitation Act of 1973.

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- **Financial Obligations**

A one-time pet deposit in the amount of \$300 will be assessed. Deposits are applicable only for dogs or cats. This deposit is totally separate from the unit security deposit paid at the time of occupancy. The deposit is refundable although any damages caused by the pet will be charged against this deposit.

The pet deposit may be paid in installments. The resident will be required to initially pay \$50 and the balance of the pet deposit will be prorated over the remaining months of the residents lease.

The pet deposit will not be applied against other non-compliance fines detailed further in this policy should any be incurred during the pet's residency.

This deposit is solely separate from the Tenant's rent as stated in the apartment lease, and payments must be made by separate check or money order.

The Landlord will hold this pet deposit in accordance with the provisions set forth in Paragraph 8 of the Lease Agreement.

Tenants shall be further liable for any and all damages resulting from any injury to the person or Property of others as stated in the Pet Agreement.

- **Dogs, Cats, Etc.**

The pet must be kept in the tenant's apartment or, when inside the building, kept under control at all times. This is to prevent the spread of pet dander, which is often the cause of severe allergies in many people. The pet must be on a leash at all times when on the grounds of the property. At no time will the pet ever be allowed to roam free. Pets shall not be allowed in the community rooms, community bathrooms, or laundry rooms.

Allowing a pet on any of the exterior grounds, unleashed, will result in one (1) formal written notice of warning, thereafter, a \$5.00 fine will be assessed for each offense.

- All animal waste or litter from litter boxes or cages is to be picked up and disposed of in sealed plastic bags and placed in the trash bin or garbage chute. Cat litter must be emptied at least twice weekly and cleaned daily. **If an excessive odor develops because of improper care one (1) verbal warning followed by one (1) written warning will be given. A third notice of the problem can result in the tenant's being required to remove the pet from the property.** Litter from litter boxes is not to be disposed of down the toilet, as it could clog the plumbing. Charges for cleaning the toilet or cleaning up the common grounds because of a Tenant's pet will be billed back to the Tenant at a cost of \$25.00 for each occurrence if this rule is violated.
- The Tenant agrees to use a "pooper scooper" or other device to clean up behind the pet-if it should ever "mess" in any common areas.
- The Tenant agrees to keep his pet under control at all times while on the property to assure that the pet does not jump up on people and to assure that they are not bothered or unduly subjected to excessive barking or other aggressive behavior.
- Pets that disturb the peace and quiet of the neighbors through noise (barking, whining, etc.), through odors, animal waste, biting, scratching, urinating in shrubbery or elsewhere, or other nuisance must be removed from the premises.
- The Tenant agrees to provide adequate care, nutrition, exercise and medical care for the pet, including current shots as required or necessary. Pets that appear to be poorly cared for will be reported to ASPCA or other appropriate authority for removal at the Tenant's expense.
- Pets must be removed from their units for the full amount of specified time for any exterminating

DRAFT for Public Comment – NOT FOR OFFICIAL USE

or defleaing. This requirement must be complied with completely. Tenant will be responsible for the costs associated with any additional exterminating treatment/defleaing as a result of pets in their apartment.

- The Tenant also acknowledges that other tenants may have chemical sensitivities or allergies or are easily frightened by animals. The Tenant, therefore, agrees to exercise common sense and common courtesy in respect of such other tenant's rights to peaceful and quiet enjoyment of the premises.
- No pets of visitors shall be allowed in the building, nor can any pet be kept temporarily by any tenant without prior written approval of management.
- Pet owner agrees to indemnify the owner/owner's agent from any damage or liability claim that may result from personal injury or property damage caused by his/her pet.

AGENT
OR
OWNER: _____

TENANT: _____

TENANT: _____

TITLE: _____

DATE: _____

DATE: _____



This addendum has not been prepared or approved, either as to form or content, by the Illinois Housing Development Authority and the Authority assumes no responsibility for its content.

Roosevelt Square 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.

- In the event of fire, a landlord must return all security deposit and interest, minus unpaid rent and money for damages, within 7 days from the date that the tenant provides notice of termination of the rental agreement. (eff. 1-1-92)

What are the landlord's general duties under the ordinance?

- To give tenant written notice of the owner's or manager's name, address and telephone number. [Mun. Code ch. 5-12-090]
- To give new tenants or tenants renewing a rental agreement, notice of building code citations issued by the City in the past 12 months; notice of pending Housing Court, Code Enforcement Bureau or Compliance Board actions; and notice of termination of water, electrical or gas service to the building. [Mun. Code ch. 5-12-100]
- To maintain the property in compliance with all applicable provisions of the Municipal Code. [Mun. Code ch. 5-12-070]
- Not force a tenant to renew an agreement more than 90 days before the existing agreement terminates. (eff. 1-1-92) [Mun. Code ch. 5-12-130(i)]
- Provide a tenant with at least 30 days written notice of his intention not to renew a rental agreement. If the landlord fails to give the required written notice, the tenant may remain in the dwelling unit for 60 days under the same terms and conditions as the last month of the existing agreement. (eff. 1-2-92) [Mun. Code ch. 5-12-130(i)]
- To use a lease without prohibited provisions. [Mun. Code ch. 5-12-140]

Tenant remedies

[Mun. Code ch. 5-12-110]

- If the landlord fails to maintain the property in compliance with the Code **AND such failure renders the premises not reasonably fit and habitable**, the tenant may:

- 1) Request in **writing** that the landlord make repairs within 14 days or tenant may terminate the rental agreement after the 14 days. If tenant terminates the rental agreement, he must vacate the premises within 30 days and if possession is not delivered, the tenant's notice is considered withdrawn. (eff. 1-1-92)

If the landlord fails to maintain the property in material compliance with the Code and the tenant or tenant's family or guests are not responsible for the failure, the tenant may:

- 1) Request in writing that the landlord make repairs within 14 days or tenant can withhold an amount of rent that reasonably reflects reduced value of the unit.
- 2) Request in writing that the landlord make repairs within 14 days or tenant may have the repairs made and deduct up to \$500 or 1/2 of the month's rent, whichever is more, but **not to exceed one month's rent**. The repairs must be done in compliance with existing law and building regulations. A receipt for the repairs must be given to the landlord and no more than the cost of the repairs can be deducted from the rent.
- 3) File suit against the landlord for damages and injunctive relief.

Failure to provide essential services (heat, running or hot water, electricity, gas or plumbing)

[Mun. Code ch. 5-12-110(f)]

- If, contrary to the lease, an essential service is not provided, or if the landlord fails to maintain the building in material compliance with the Code to such an extent that such failure constitutes an immediate danger to the health and safety of the tenant, and

- The tenant or tenant's family or guests are not responsible for such failure, the tenant may:

- 1) Procure substitute service and upon presenting paid receipts to the landlord, deduct the cost from the rent.
- 2) File suit against the landlord and recover damages based on the reduced value of the dwelling unit.
- 3) Procure substitute housing and be excused from paying rent for that period. The tenant also may recover from the landlord the cost of substitute housing up to an amount equal to the monthly rent for each month or portion thereof.

4) Request that the landlord correct the failure within 24 hours and if the landlord fails to do so, withhold from the monthly rent an amount that reasonably reflects the reduced value of the premises. (eff. 1-1-92)

5) Request that the landlord correct the failure within 72 hours and if the landlord fails to do so, terminate the rental agreement. If the rental agreement is terminated, the tenant must deliver possession within 30 days or the notice of termination is considered withdrawn. (eff. 1-1-92)

NOTE: Remedies 4) and 5) may not be used if the failure is due to the utility provider's failure to provide service. For the purposes of this section only, the notice a tenant provides must be in writing if the landlord has informed the tenant of an address to which notices should be sent. If the landlord does not inform the tenant of an address, the tenant may deliver written notice to the last known address of the landlord or by other reasonable means designed in good faith to provide written notice to the landlord. (eff. 1-1-92)

Fire or casualty damage

[Mun. Code ch. 5-12-110(g)]

- If the tenant, tenant's family or guests are not responsible for fire or accident, the tenant has three choices:

- 1) The tenant may move out immediately, but if this is done, the tenant must provide written notice to the landlord of the intention to terminate within 14 days after moving out.

- 2) The tenant may stay in the unit, if it is legal, but if the tenant stays and is denied use of a portion of the unit through damage, he may reduce his rent to reflect the reduced value of the unit.

- 3) If the tenant stays and the landlord promises to begin work but fails to diligently carry out the work, the tenant may notify the landlord, in writing, within 14 days after the tenant becomes aware that the work is not being diligently carried out, of his intention to terminate the rental agreement.

Subleases

Mun. Code ch. 5-12-120]

- The landlord must accept a reasonable subtenant offered by the tenant **without** charging additional fees.

- If a tenant moves prior to the end of the rental agreement, the landlord **must make a good faith effort** to find a new tenant at a fair rent.

- If the landlord is unsuccessful in re-renting the unit, the tenant **remains liable for the rent** under the rental agreement, as well as the landlord's cost of advertising.

What happens if a tenant pays rent late?

- If the tenant fails to pay rent on time, the landlord may charge a \$10.00 per month late fee on rents under \$500.00 and a 5% per month late fee on that part of the rent that exceeds \$500.00 (i.e., for a \$450.00 monthly rent the late fee is \$10.00, for a \$700.00 monthly rent, the late fee is \$10.00 plus 5% of \$200 or \$20.00). (eff. 1-1-92) [Mun. Code ch. 5-12-140(h)]

- The landlord cannot evict the tenant if he accepts **full payment** of the rent due. [Mun. Code ch. 5-12-130(g)]

Landlord remedies

[Mun. Code ch. 5-12-130]

- If the tenant fails to pay rent, the landlord, after giving 5 days **written** notice to the tenant, may terminate the rental agreement.

- If the tenant fails to comply with the Code or the rental agreement, the landlord, after giving 10 days **written** notice to the tenant, may terminate the rental agreement if tenant fails to correct the violation.

- If the tenant fails to comply with the Code or the rental agreement, the landlord, after giving 14 days written notice to the tenant or in the case of emergency as promptly as conditions permit, may enter the dwelling unit and have the necessary work done. In this case, the tenant shall be responsible for the costs of repairs.

Lockouts

[Mun. Code ch. 5-12-160]

- It is **ILLEGAL** for a landlord to lock out a tenant, or change the locks, or remove the doors of a rental unit, or to cut off heat, utility or water service, or to do anything which interferes with the tenant's use of the apartment.
- All lockouts are illegal and the Police Department is responsible for enforcement against such illegal activity (eff. 1-1-92)
- The landlord shall be fined \$200 to \$500 for each day the lockout occurs or continues.
- The tenant may sue the landlord to recover possession of the unit and twice the actual damages sustained or two months rent, whichever is greater.

Prohibition on retaliatory conduct by landlord

[Mun. Code ch. 5-12-150]

- A landlord cannot take retaliatory action against a tenant because a tenant complains or testifies in **good faith** to governmental agencies or officials, media, community groups, tenant unions or the landlord.

Attorney's fees

[Mun. Code ch. 5-12-180]

- Except in eviction actions, the prevailing plaintiff in any action arising from the application of this Ordinance shall be entitled to recover all court costs and reasonable attorney's fees. (eff. 1-1-92)

Where can I get a copy of the ordinance?

For a copy of the Ordinance, visit the Office of the City Clerk, Room 107, City Hall, 121 North LaSalle Street, Chicago, Illinois, or the Municipal Reference Library, Room 1002, City Hall.

Approved by the City of Chicago, January, 1992

1. CONDUCT

- A . Please refrain from using profane or offensive language in public areas.
- B . Climbing or playing on balconies, stairs, roofs and trees is unsafe and forbidden.
- C . Defacing, marring or damaging the community property will not be tolerated and the responsible party will be held liable for all costs to restore the property.
- D . Walkways, sidewalks, stairways and halls are to be used for its intended use. The use of tricycles, bicycles, four-wheel vehicles, roller skates, roller blades or any other such toys is restricted to the playground or parks. Additionally, for your safety, bicycle riding is not permitted in parking areas.
- E . Contact sports such as football, soccer, and baseball is restricted to the playground or parks for safety reasons.
- F . All posted signs and warnings must be adhered to at all times.
- H . Musical instruments, radios, stereos, television sets, etc. must be played at a volume that does not disturb your neighbors.
- I . In order to remain respectful of your neighbors, please refrain from slamming apartment doors.
- J . Residents must obey all local traffic laws while driving through the property. Excessive speed is prohibited.
- K . No one, including household members and/or guests or visitors, may loiter around the buildings or in the common areas which include hallways, lobbies, stairwells and parking lots.

1. CONDUCT - CONTINUED

- L . If the Tenant or other occupant uses the Leased Premises for the purpose of unlawful possessing, storing, manufacturing, cultivating, delivering, selling, using or giving away controlled substances or permit the premises to be used for any such purposes, the Lease Agreement is voidable at Lessor's option with ten (10) days written notice, and it is expressly understood that all provisions of 740 ILCS 40/0.01 et seq, are applicable to this Lease Agreement.
- M . If the Tenant or any other occupant(s) of the Leased Premises are charged during the term of this Lease Agreement with having committed an offense in or on the Leased Premises constituting a class X felony under the laws of the State of Illinois, upon a judicial finding of probable cause at a preliminary hearing or indictment by a grand jury, the Lease Agreement, at Lessor's sole discretion, shall become void upon Lessor notifying the Tenant or occupant by posting a written notice at the Leased Premises to the Tenant and occupant(s) to vacate the Leased Premises on or before a date 10 days after the giving of the notice pursuant to 765 ILCS 505/5. The Lessor may have the same remedy to recover possession of the Leased Premises as against the Tenant if Tenant holds over after the expiration of his or her term.
- N . If the Tenant or occupant(s) of the Leased Premises, on one or more occasions uses, or permits the use of the Leased Premises for the commission of any act that would constitute a Felony or a Class A Misdemeanor under the laws of the State of Illinois, this Lease Agreement, in the sole discretion of the Lessor, shall become voided upon Lessor notifying the Tenant or occupant(s) by serving a written notice upon Tenant or occupant(s) to vacate the Leased Premises on or before a date 10 days after the giving of the notice pursuant to 735 ILCS 9/120. Thereafter, the Lessor shall be entitled to possession of the Leased Premises as against a Tenant holding over after the expiration of his or her term. It is expressly understood that all provisions of 735 ILCS 9/120 are applicable to this Lease Agreement.
- O . Tenant, any member of the Tenant's household, or a guest or other person under the Tenant's control shall not engage in acts of violence or threats of violence including, but not limited to, the unlawful discharge of firearms, on or near the Leased Premises.

2. GUESTS

- A. You are responsible for the actions of your household members and guests. Any damage caused by a guest must be paid within thirty (30) days of receipt of a bill from the Management Office. This includes, but is not limited to, any and all interior and exterior damage, plumbing stoppages, carpet damages and appliance repairs.
- B. Guests must be accompanied by a resident when using the common areas of the complex. This includes, but is not limited to, the laundry facilities, play ground areas and parking facilities.
- C. Guests may not remain for more than fourteen (14) days without the written permission of the management office. In no case shall a guest remain for more than thirty (30) days. If a guest remains more than thirty days, action will be taken to enforce paragraph 9 of the Lease. If you would like to add someone to your lease, the additional person must fill out an application for occupancy and pay the credit check fee of \$25. It will be at the discretion of management to allow additional persons on the lease, if they do not meet the owner's screening criteria or we are unable to accommodate due to occupancy requirements.

3. RENT PAYMENTS/LATE RENT PAYMENTS/RETURNED CHECKS

- A. Rent payments or other payments are to be made by check, money order or cashier's check (no cash is accepted). Payments are to be made at the management office located at: 1214 W. Roosevelt Road Chicago, Illinois 60608. For your convenience a rent drop box is provided at the door when the office is closed (i.e. weekends, meetings, etc). Payment may be made via mail, in person or in the rent drop box.
- B. If rent is not paid, or received via mail by the fifth day of the month, you will be charged a late fee of \$10.00 on the sixth day of the month for the first \$500 and 5% on the remaining balance.
- C. Partial rent payments (including late fees) will not be accepted without the permission of supervisory personnel from the regional office of Related Management Co., L.P., Agent for Roosevelt Square.

3. RENT PAYMENTS/LATE RENT PAYMENTS/RETURNED CHECKS - CONTINUED

- D . If your rent check is returned by your bank, you will be charged a \$35.00 returned check fee. You must repay the check that was returned with a money order or cashier's check (the appropriate late fee and \$35.00 returned check fee must be included in the amount paid). Partial payments will not be accepted without the permission of supervisory personnel from the regional office of Related Management Co., L.P., Agent for Roosevelt Square.
- E . If two rent checks are returned by your bank due to non-sufficient funds (NSF), you will no longer be allowed to pay your rent with a personal check. You must then pay with a cashier's check or money order.

4. CARE OF THE COMPLEX

- A . Personal signs, advertisements or notices may not be affixed to any part of the building, either inside or outside. No article may be suspended by any manner outside of the buildings, placed on the windowsills, or draped over the handrails or guardrails. Notwithstanding the foregoing, with the approval of the management agent as to the content of the signage, the location of the signage and the length of time that such sign may be posted, residents may post political signage.
- B . No tinfoil, antennas, private radio aerials, screens, bars, or other products are to be placed on or attached to the windows of your apartment.
- C . No clothing or other articles may be hung, draped or otherwise fastened to the windows, rails, balconies, stairways or any other common areas in the complex.
- D . Painting, writing or otherwise defacing or marring the buildings and grounds is prohibited and the responsible party will be held liable for all removal costs.
- E . You may not place or leave any item in, around or upon any common area of the building or in front of your of your apartment.

DRAFT for Public Comment – NOT FOR OFFICIAL USE

This includes, but is not limited to, furniture, potted plants, doormats, boxes or trash bags.

4. CARE OF THE COMPLEX - CONTINUED

- F . You may not touch or use fire alarm boxes, sprinklers, etc. except in case of emergency.
- G . No solicitors or unauthorized persons are permitted in the community. If you are contacted by a solicitor or suspect that an unauthorized person is in the community, please contact the management office immediately. If you feel a situation is dangerous or life threatening, call 911 before you call the management office.
- H . No cooking, baking, grilling or similar activity is permitted other than in the kitchen area and outside designated grilling areas. No outdoor grills are permitted inside the apartment.
- I . No unsightly or unsanitary practice which could undermine the sanitation, health or appearance of the building interior or exterior shall be permitted.
- J . Satellite dishes may only be installed in accordance with the Satellite Dish and Antenna Addendum.

5. TRASH

- A . Residents are expected to keep the areas around the trash receptacles clean and free of litter. Failure to dispose of trash appropriately may result in a \$25 disposal fee.
- B . A securely fastened plastic bag or trash can liner must be used to carry trash to the trash receptacle to prevent waste dripping on carpeting or concrete.
- C . All cartons or boxes must be flattened or torn apart into smaller pieces before being placed in the trash receptacles. Items too large to fit into the trash receptacles must be removed from the property by the resident.

6. CARE OF YOUR APARTMENT

- A . Keep your apartment and any other such areas assigned for your exclusive use in a decent, clean, sanitary and safe condition, and the inside of your apartment maintained according to acceptable housekeeping standards.
- B . Use all appliances according to their directions. If you have a question or concern regarding the operation or use of an appliance, call the Management Office immediately.
- C . Appliance, plumbing fixtures, heating and electrical systems must be used only for the purpose and in the manner in which they were designed.
- D . You may not install or keep heaters in your apartment. Residents may not install air conditioners in their apartments without written permission from the management office. A maintenance staff member must be present during the installation of any air conditioner.
- E . Do not use severe cleaning agents such as scouring powder on paint, enameled woodwork, tubs, sinks, walls or appliances.
- F . The smoke detector must remain intact and operational at all times. Residents are not permitted to tamper with the smoke detector. The smoke detector in your apartment has a battery back-up in the event of a power failure. The smoke detector will beep when the batteries have ceased functioning. It is your responsibility to change the batteries. If you have any questions or concerns regarding the smoke detector, please contact the Management Office immediately.
- G . With the provision of reasonable notice, a designated representative of the managing agent may enter and inspect the premises for the following reasons:
- Making necessary or agreed upon repairs;
 - Inspecting for compliance with the terms of this lease;
 - Showing the premises to prospective lenders, purchasers, residents, contractors, repair workers, or representatives with the program;
 - Performing contracted pest control services;
 - Conducting annual and any other inspections.

6. CARE OF YOUR APARTMENT

- CONTINUED

Forty-Eight (48) hours or more shall be considered reasonable notice for the purpose of entry and inspection. In addition, we or our agent may enter the premises without notice if necessary in an emergency such as earthquake, fire or flooding.

- H . Water-filled furniture and washers and dryers are not allowed; provided, however, that washers and dryers are permitted in apartments with pre-installed washer and dryer hook-ups provided by the landlord (i.e. in the apartments in the 2, 3 and 6 flat buildings).
- I . Residents are responsible for replacing and changing light bulbs inside their apartments.
- J . Management must be notified immediately when any item in your apartment requires repair or is damaged in any way. Please note that residents will be held responsible for all fixture overflows, whether accidental or otherwise and charges may be assessed for parts and labor.
- K . You are absolutely prohibited from:
- Painting or having your apartment painted by anyone other than painters authorized by the management office;
 - Installing tile, wallpaper, wall-boarders, contact paper, murals, decals, stucco, wall or ceiling decorations or markings of any kind;
 - Affixing, with glue or any other substance, tile, linoleum, or any other material to the floor;
 - Hanging unauthorized drapes, venetian blinds, vertical shades, etc. on windows or walls;
 - Tinting your windows.
 - Installing satellite dishes or any other devices on the building in violation of the Satellite Dish Addendum.
- L . The maintenance staff employees are not permitted to complete work of a private nature for residents.
- M . It is strongly recommended that you obtain renter's insurance for

your personal property. Neither the owner nor their agent is responsible or liable for any damage that may occur to your personal property. If there is a fire, earthquake, flood, water

6. CARE OF YOUR APARTMENT

- CONTINUED

damage or theft in your apartment or if you suffer damage from an adjacent apartment, neither the owner nor their agent will be responsible for your dollar losses.

- N . You must transfer the utilities (electricity and/or gas) for your apartment before moving into the apartment. Failure to do so will result in a \$25 administrative charge.

7. PETS

- A . Pets will only be allowed in accordance with the Roosevelt Square pet policy and only if you execute a pet agreement that will be attached to this lease as an exhibit. (See management for more information)

8. LOCKS

- A . No locks may be changed or added to a door without the consent of Management. Duplicate keys to any new or added lock must be provided to the Management Office, if and when such consent is provided.
- B . No locks, chains, peep holes or other additions may be added without the consent of Management and in accordance with local building codes.
- C . Any locks, chains, peep holes or other additions become the property of Roosevelt Square and may not be removed upon vacating the unit. If any lock, chain, peephole or other addition is removed upon vacating, any and all damages resulting from the removal will be charged against the security deposit.
- D . You should keep your apartment door closed and locked at all times. You should keep your motor vehicle doors closed and locked at all times. Management is not responsible for the theft of money, jewelry or other articles from your apartment or for damage, loss or theft of personal property and motor vehicles located on the premises.

- E . If a key is lost, a replacement fee will be charged at prices stated below:
Main Entry Door Key - \$75.00 Mailbox Key - \$10.00
Apartment Door Key - \$10.00

8. LOCKS- CONTINUED

- F . All keys, including house keys and mailbox keys, must be returned to the management office upon vacating. If keys are not returned, the above replacement fees apply and will be deducted from the security deposit.

9. APARTMENT ACCESS

- A . Only authorized residents as listed in the resident lease, and occupants will be allowed entry into the apartment. Identification will be required.
- B . Management will not provide entry into a locked residence for any household members except the leaseholders and/or those household members who are identified in writing by the leaseholders as authorized for access. Management requests that leaseholders exercise care in designating household members for access, particularly if the individuals are underage and should not be in the unit alone.
- C . If the resident needs access to his or her apartment during normal business hours, no fee will be charged up to four (4) times per lease year. After four times, a fee of \$25.00 will be charged for each subsequent lockout during that year.
- D . If the resident needs access to his or her apartment after normal business hours, a fee of \$25.00 will be charged.
- E . Lockouts during Saturday and Sunday will be charged at \$35.

10. PARKING

- A . If you or your guests park in a **no parking zone**, the vehicle will be towed at the owner's expense. Residents should park in their **assigned** parking

space. We do not provide visitor parking so visitors may not park in the property parking lot. If a vehicle is parked in the property parking lot without the proper permit displayed, the vehicle will be towed at the owner's expense. This includes residents and guests. Guests and visitors must use street parking.

10. PARKING - CONTINUED

- B . Campers, trailers, boats, large trucks, buses and other large vehicles and abandoned vehicles may not be parked within the complex. Such vehicles will be towed at the owner's expense. Non-working vehicles may not be parked on the property.
- C . Residents are allowed to have a vehicle towed if it is parked in their assigned space. When calling the towing company, please have the make, model and license plate of the vehicle that is to be towed. You will also be required to show proof that the space is assigned to you with your Vehicle Parking Registration form.

11. MOTOR VEHICLE MAINTENANCE

- A . Some minor vehicle repairs (such as changing a battery or tire) may be allowed with the prior approval of management. Residents must obtain the prior approval of management for any vehicle repair to be completed on site.
- B . Major repairs or overhaul and the use of oil, grease or water are strictly prohibited.
- C . Washing of vehicles is not permitted at Roosevelt Square.
- D . Gasoline or other flammable liquids may not be stored anywhere in the community.

12. LAUNDRY FACILITIES

- A . Laundry facilities are for residents' use only.

- B . Clothes must be promptly removed from washers and dryers when cycled is completed. Clothes must not be left unattended. Management is not responsible for lost, stolen or damaged items.
- C . Rugs, bedspreads and other heavy articles may not be placed in the washers as it may cause damage to the machines, unless the laundry room is equipped with machines intended for such use.
- D . Any malfunctions with the machines must be reported to the management office.

<u>13. ACKNOWLEDGEMENT/SIGNATURE PAGE</u>
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Management may, with thirty (30) day's notice to residents, make changes and/or additions to the aforementioned house rules.

I hereby agree to abide by the foregoing rules and understand that if I or my guests violate these rules, action may be taken up to and including eviction.

Lease Holder _____ Date _____

Lease Holder _____ Date _____

Lease Holder _____ Date _____

Lease Holder _____ Date _____

	Page Heading
Head of household name:	On every page, enter the head of household's last name (line 3b), first name (line 3c) and middle initial (line 3d). Use this field to identify the head of household if the pages of the Form separate.
Social Security Number:	On every page, enter the head of household's Social Security Number (line 3n). Use this field to identify the head of household if the pages of the Form separate.
Date modified (mm/dd/yyyy):	On every page, enter the date the PHA representative fills out the Form or modifies any Form page.
1:	Agency
Line 1a:	Name of the Public Housing Agency (PHA) that completes the family's Form HUD-50058.
Line 1b:	Five-character code composed of the 2-letter postal state code and 3-digit PHA number. The state code indicates the location of the reporting PHA and the number identifies each PHA within a particular state.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 1c:	Using the codes provided, indicate the housing assistance program in which the family participates.
Line 1d:	Public/Indian Housing only. The project number is composed of the 2-letter project state code, 3-digit PHA number, 3-digit development number, and 3-digit suffix (if applicable).
Line 1e:	Public/Indian Housing only. Six-character code to capture the tenant's building number.
Line 1f:	Public/Indian Housing only. Three-character code to capture the building's entrance number.
Line 1g:	Public/Indian Housing only. Ten-character code to capture the PHA designated tenant unit number.
2:	Action
Line 2a:	Use the codes provided to report the family's type of action.
Note:	When a family that receives flat rent requires a reexamination, use Annual Reexamination (2a=2).
Line 2b:	Date the reported action becomes effective.
Note:	The effective date cannot be earlier than the date of admission to the program (line 2h).
Line 2c:	Allows PHAs to correct fields previously transmitted in error.
Note:	Use a correction for a minor change to a previously submitted record.
Line 2d:	Indicate the primary reason for the correction record.
Line 2e:	The actual date that the PHA completes the correction and transmits the corrected record.
Line 2f:	Indicate if the tenant has entered into a repayment agreement because the tenant previously underreported or misreported income.
Line 2g:	Per the repayment agreement, the amount the tenant pays each month.
Line 2h:	Date the PHA initially admitted the family into the program reported in line 1c.
Line 2i:	The projected effective date of the family's next reexamination.
Line 2j:	Public Housing flat rent only. Projected effective date of the next flat rent annual update.
Line 2k:	Indicate if the family currently participates or participated in the Family Self-Sufficiency program in the past year.
Line 2m:	Section 8 only. Indicate if the family receives an Enhanced Voucher or a Welfare to Work Voucher.
Line 2n:	Indicate if the family participates in a special program.
Note:	See Form HUD-50058 Instruction Booklet for a listing of special programs and their abbreviations.
Line 2p:	HUD may instruct a particular PHA to use this line. If there are <u>not</u> instructions to use these lines, leave them blank.
Line 2q-2u:	PHAs may use these lines for any information they wish to collect.
Note:	HUD encourages PHAs to use lines 2q through 2u for local initiatives.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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3. Household

3a. Head of household Member number 01	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation H	3i. Citizenship		3j. Disability (Y/N)		3k. Race	=1 =3 =5	=2 =4	3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					
3a. Member number 02	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship		3j. Disability (Y/N)		3k. Race	=1 =3 =5	=2 =4	3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					
3a. Member number 03	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship		3j. Disability (Y/N)		3k. Race	=1 =3 =5	=2 =4	3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					
3a. Member number 04	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship		3j. Disability (Y/N)		3k. Race	=1 =3 =5	=2 =4	3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					
3a. Member number 05	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship		3j. Disability (Y/N)		3k. Race	=1 =3 =5	=2 =4	3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					
3a. Member number 06	3b. Last name & Sr., Jr. etc.		3c. First name		3d. MI	3e. Date of birth		3f. Age on effective date of action		
	3g. Sex	3h. Relation	3i. Citizenship		3j. Disability (Y/N)		3k. Race	=1 =3 =5	=2 =4	3m. Ethnicity
	3n. Social Security Number		3p. Alien Registration Number A-		3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

Codes:

3h. Relation:

H = head
S = spouse
K = co-head
F = foster child/foster adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship:

EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

3k. Race:

1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

3m. Ethnicity:

1 = Hispanic or Latino
2 = not Hispanic or Latino

3q. Community service or self-sufficiency:

1 = yes
2 = no
3 = pending
4 = exempt
5 = n/a

3:	Household
Note:	Complete for each household member.
Note:	The first family member (Member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The Member number identifies the individual listed on that line of the Form.
Line 3b:	Indicate the last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do <u>not</u> include name prefixes, such as Ms. or Mr.
Line 3c:	Indicate the first name of each household member. Do <u>not</u> include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate the age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member (M=Male, F=Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If a Head of Household does not have a SSN, PHA cannot transmit the family's Form HUD-50058 until there is system functionality to do so. If a member who is not the Head does not have a SSN, enter 999999999.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e.g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Use code at bottom of page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an <u>average</u> of eight hours of community service per month during the year.
Note:	Use '5' until the community service requirement comes into effect for your particular PHA.

Head of household name				Social Security Number				Date modified (mm/dd/yyyy)			
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3a. Member number	3b. Last name & Sr., Jr. etc.			3c. First name			3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
						=3	=4				
						=5	=6				
3n. Social Security Number			3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

3a. Member number	3b. Last name & Sr., Jr. etc.			3c. First name			3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
						=3	=4				
						=5	=6				
3n. Social Security Number			3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

3a. Member number	3b. Last name & Sr., Jr. etc.			3c. First name			3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
						=3	=4				
						=5	=6				
3n. Social Security Number			3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

3a. Member number	3b. Last name & Sr., Jr. etc.			3c. First name			3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
						=3	=4				
						=5	=6				
3n. Social Security Number			3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

3a. Member number	3b. Last name & Sr., Jr. etc.			3c. First name			3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
						=3	=4				
						=5	=6				
3n. Social Security Number			3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

3a. Member number	3b. Last name & Sr., Jr. etc.			3c. First name			3d. MI	3e. Date of birth		3f. Age on effective date of action	
	3g. Sex	3h. Relation	3i. Citizenship	3j. Disability (Y/N)	3k. Race		=1		=2	3m. Ethnicity	
						=3	=4				
						=5	=6				
3n. Social Security Number			3p. Alien Registration Number A-			3q. Meeting community service or self-sufficiency requirement? (Public Housing only)					

Codes:

3h. Relation:
H = head
S = spouse
K = co-head
F = foster child/foster adult
Y = other youth under 18
E = full-time student 18+
L = live-in aide
A = other adult

3i. Citizenship:
EC = eligible citizen
EN = eligible noncitizen
IN = ineligible noncitizen
PV = pending verification

3k. Race:
1 = White
2 = Black/African American
3 = American Indian/Alaska Native
4 = Asian
5 = Native Hawaiian/Other Pacific Islander

3m. Ethnicity:
1 = Hispanic or Latino
2 = not Hispanic or Latino

3q. Community service or self-sufficiency:
1 = yes
2 = no
3 = pending
4 = exempt
5 = n/a

3r. Reserved

3s. Continued on an additional sheet? (Y or N)

3s.

3:	Household
Note:	Complete for each household member.
Note:	The first family member (Member number 01) must be the head of household.
Note:	The household includes everyone who lives in the unit. Household members are used to determine unit size. The family includes all household members except live-in aides and foster children and foster adults. Family members are used to calculate subsidies and payments.
Line 3a:	The Member number identifies the individual listed on that line of the Form.
Line 3b:	Indicate the last name of each household member. Include name suffixes, such as Jr., and separate with a comma. Do <u>not</u> include name prefixes, such as Ms. or Mr.
Line 3c:	Indicate the first name of each household member. Do <u>not</u> include name prefixes, such as Ms. or Mr.
Line 3d:	Indicate the middle initial of each household member. If no middle initial, leave blank. If more than one middle initial, only enter one.
Line 3e:	Indicate the date of birth for each household member.
Line 3f:	Indicate the age in years of each household member on the effective date of action (line 2b).
Line 3g:	Indicate the gender of each household member (M=Male, F=Female).
Line 3h:	Use code at bottom of page that best categorizes the relation or role of each household member.
Line 3i:	Use code at bottom of page that indicates each household member's United States citizenship status.
Line 3j:	Indicate whether or not the household member has a disability.
Line 3k:	Use code or codes at bottom of page that the family says best indicates each household member's race. Select as many codes as appropriate.
Line 3m:	Use code at bottom of page and check the box next to the code the family says best indicates each household member's ethnicity.
Line 3n:	Enter the 9-digit Social Security Number (SSN) issued to each household member by the Social Security Administration (SSA).
Note:	If family member does not know or have a SSN, enter 999-99-9999.
Line 3p:	Enter the Alien Registration Number or A-number issued to each noncitizen household member, if applicable.
Note:	The A-number contains seven, eight or nine numerical digits preceded by the letter A, e.g., A72 735 827. If the A-number has seven digits, enter two zeros before the numbers. If the A-number has eight digits, enter one zero before the numbers. If the A-number is nine digits, enter the number without a leading zero. Do not enter the letter A in any case.
Line 3q:	Public Housing only. Use code at bottom of page to indicate whether the family member met his or her community service or self-sufficiency requirement under PHRA.
Note:	The law requires an <u>average</u> of eight hours of community service per month during the year.
Note:	Use '5' until the community service requirement comes into effect for the particular PHA.
Line 3r:	Reserved for future HUD use.
Line 3s:	Indicate whether additional household member information is included on an additional sheet of paper as an attachment to the Form.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
3t. Total number in household		3t.
3u. Family subsidy status under Noncitizens Rule: C = Qualified for continuation of full assistance E = Eligible for full assistance F = Eligible for full assistance pending verification of status P = Prorated assistance		3u.
3v. Eligibility effective date (mm/dd/yyyy) if qualified for continuation of full assistance (3u=C)		3v.
3w. If new head of household, former head of household's SSN		3w.

4. Background at Admission

4a. Date (mm/dd/yyyy) entered waiting list	4a.
4b. ZIP code before admission	4b.
4c. Homeless at admission? (Y or N)	4c.
4d. Does family qualify for admission over the very low-income limit? (Section 8 only) (Y or N)	4d.
4e. Continuously assisted under the 1937 Housing Act? (Y or N)	4e.
4f. Is there a HUD approved income targeting disregard? (Y or N)	4f.

5. Unit to be Occupied on Effective Date of Action

5a. Unit address		
Number and street		Apt.
City	State	Zip code (+4)
5b. Is mailing address same as unit address? (Y or N) (if yes, skip to 5d)		5b.
5c. Family's mailing address		
Number and street		Apt.
City	State	Zip code (+4)
5d. Number of bedrooms in unit		5d.
5e. Has the PHA identified this unit as an accessible unit? (Public/Indian Housing only) (Y or N)		5e.
5f. Has the family requested accessibility features? (Public/Indian Housing only) (Y or N) (if no, skip to next section)		5f.
5g. Has the family received requested accessibility features? (Public/Indian Housing only) <input type="checkbox"/> a. Yes, fully <input type="checkbox"/> b. Yes, partially <input type="checkbox"/> c. No, not at all <input type="checkbox"/> d. Action pending (can be checked in combination with b. or c.)		5g.
5h. Date (mm/dd/yyyy) unit last passed HQS inspection (Section 8 only, except Homeownership)		5h.
5i. Date (mm/dd/yyyy) of last annual HQS inspection (Section 8 only, except Homeownership)		5i.
5j. Year (yyyy) unit was built (Section 8 only)		5j.
5k. Structure type (check only one) (Section 8 only) <input type="checkbox"/> Single family detached <input type="checkbox"/> Semi-detached <input type="checkbox"/> Rowhouse/townhouse <input type="checkbox"/> Low-rise <input type="checkbox"/> High rise with elevator <input type="checkbox"/> Manufactured home		5k.

3:	Household (continued)
Line 3t:	The total number of people in the household.
Note:	Count <u>all</u> persons, include foster children or adults, live-in aides, and other unrelated individuals (who reside with the family as part of the household). Also include persons who are members of the household but temporarily absent from the home.
Line 3u:	Code that indicates the housing assistance eligibility for family members based on the Noncitizens Rule. The Noncitizens Rule allows PHAs to provide financial assistance to U.S. citizens, nationals, and non-U.S. citizens with eligible immigration status.
Note:	If the family's status under the Noncitizens Rule is prorated assistance (3u=P), the family should fill out the applicable prorated rent calculation when determining rent burden.
Line 3v:	Date the family <u>originally</u> qualified for the continuation of full assistance (3u=C).
Line 3w:	If the designated head of household changed due to discontinued occupancy or other cause such as death, marriage, or remarriage <u>and</u> there are family members who remain in the household, enter the <i>former</i> head of household's Social Security Number (SSN).
4:	Background at Admission
Line 4a:	Date the PHA placed the family on the waiting list for the program under which they currently receive housing assistance.
Note:	This date must not be later than effective date of action (line 2b).
Line 4b:	The 5-digit ZIP code (+4, if applicable) where the family lived before admission to an assistance program.
Line 4c:	Indicate whether or not the family was homeless at the time the PHA admitted the family to a housing assistance program.
Line 4d:	Section 8 only. Indicate whether or not the family qualified for program admission even though their income exceeds the very low-income limit (50% of the area's median income).
Line 4e:	Indicate whether or not the family is continuously assisted under or currently enrolled in any 1937 Housing Act program at the time of admission.
Line 4f:	Welfare to Work families only. Indicate if the family is disregarded for income targeting under a HUD approved disregard of a portion of welfare to work families.
5:	Unit to be Occupied on Effective Date of Action
Line 5a:	The complete address of the housing unit that the household occupies on the effective date of action (line 2b).
Line 5b:	Indicate whether the mailing address is different from the unit address.
Line 5c:	The complete address where the family receives mail, if other than the unit address indicated in line 5a.
Note:	Leave this field blank if the mailing address is the same as the unit address.
Line 5d:	Total number of bedrooms in the unit that the household will occupy on the effective date of action (line 2b).
Line 5e:	Public/Indian Housing only. Indicate whether or not the unit that the family occupies on the effective date of action (line 2b) is a PHA designated handicapped accessible unit.
Line 5f:	Public/Indian Housing only. Indicate whether or not the family requested disability amenities or accessibility features.
Line 5g:	Public/Indian Housing only. Indicate the status of the family's request for disability amenities and/or accessibility features (line 5f) on the effective date of action (line 2b).
Line 5h:	Section 8 only, except Homeownership. The last date the unit passed a full housing quality standards (HQS) inspection.
Line 5i:	Section 8 only, except Homeownership. The last date a PHA inspector performed a full annual housing quality standards (HQS) inspection of the unit that the household occupies.
Note:	This date may be different from the date unit last passed HQS inspection (line 5h) if the unit failed the last HQS inspection.
Line 5j:	Section 8 only. Indicate the year that the unit was built.
Note:	This date is found on the request for tenancy approval form.
Line 5k:	Section 8 only. Indicate the building structure type.
Note:	See the Instruction Booklet for descriptions of each housing type.

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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6. Assets

6a. Family member name	No.	6b. Type of asset	6c. Calculation (PHA use)	6d. Cash value of asset	6e. Anticipated Income
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
6f, 6g. Column totals				\$ 6f.	\$ 6g.
6h. Passbook rate (written as decimal)					0. _____ 6h.
6i. Imputed asset income: 6f X 6h (if 6f is \$5,000 or less, put 0)					\$ 6i.
6j. Final asset income: larger of 6g or 6i					\$ 6j.

7. Income

7a. Family member name	No.	7b. Income Code	7c. Calculation (PHA use)	7d. Dollars per year	7e. Income exclusions	7f. Income after exclusions (7d minus 7e)
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
				\$	\$	\$
7g. Column total						\$ 7g.
7h. Reserved						
7i. Total annual income: 6j + 7g						\$ 7i.

7b: Income Codes

Wages: B = own business F = federal wage HA = PHA wage M = military pay W = other wage	Welfare: G = general assistance IW = annual imputed welfare income T = TANF assistance	SS/SSI/Pensions: P = pension S = SSI SS = Social Security	Other Income Sources: C = child support E = medical reimbursement I = Indian trust/per capita N = other nonwage sources U = unemployment benefits
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6:	Assets
Note:	Use a separate line for each family member and asset type.
Line 6a:	The name of each family member in the household that has assets and their Member number (line(s) 3a) that corresponds to the asset information reported.
Line 6b:	List any asset that has a dollar value or provides a source of income to the person listed in column 6a.
Note:	See the Form HUD-50058 Instruction Booklet for an explanation of allowable assets.
Line 6c:	Use this column to perform asset calculations.
Line 6d:	Estimated, known or calculated dollar value of the asset listed.
Line 6e:	Total amount of income the family member expects to receive in the next 12-month period from the asset listed.
Line 6f:	Total of the values listed in column 6d.
Line 6g:	Total of the values listed in column 6e.
Line 6h:	Enter the passbook rate as a decimal.
Note:	The HUD field office determines the Passbook rate of interest for the project locality based on the average interest rate received on a Passbook Savings Account at several banks in the local area.
Line 6i:	Imputed income from assets based on the total dollar value of the asset listed and the Passbook rate of interest.
Note:	If the total cash value of assets is \$5,000 or less, enter 0.
Line 6j:	Total amount of household income derived from assets.
7:	Income
Note:	If the family members do not have any income from sources other than assets and do not expect any other income in the next 12-month period, leave 7a through 7g blank. Fill in total annual income (line 7i), which would be the total of the asset income.
Line 7a:	The name of each family member in the household that has income and their Member number (line(s) 3a) that corresponds to the income information reported.
Line 7b:	Use one or two letter code at bottom of page that represents the type of income for a family member.
Note:	See the Form HUD-50058 Instruction Booklet for a detailed description of each income code.
Line 7c:	Use this column to perform income calculations.
Line 7d:	Yearly income amount the family member receives from the income source(s) listed.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income source.
Line 7e:	Income excluded from annual income calculations.
Note:	Includes income disallowance and individual savings accounts (ISA) for Public Housing.
Note:	See the Form HUD-50058 Instruction Booklet for a description of each income exclusion.
Line 7f:	The family's total income minus any exclusions. Take dollars per year (line 7d) minus income exclusions (line 7e).
Line 7g:	The total of the dollar amounts listed in column 7f.
Line 7h:	Reserved for future HUD use.
Line 7i:	The family's total annual income. Add the final asset income (line 6j) and the total income after income exclusions (line 7g).

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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8. Expected Income Per Year

8a. Total annual income: copy from 7i	\$	8a.
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Permissible Deductions (Public Housing Only. If Section 8, Skip to 8f or 8q)

8b. Family member name	No.	8c. Type of permissible deduction	8d. Amount
			\$
			\$
			\$
8e. Total permissible deductions			\$ 8e.

If head/spouse/co-head is under 62 and no family member disabled, skip to 8q

8f. Medical/disability threshold: 8a X 0.03	\$	8f.
8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k)	\$	8g.
8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount	\$	8h.
If negative and head/spouse/co-head is under 62 and not disabled, put 0	\$	8h.
If negative and head/spouse/co-head is elderly or disabled, copy from 8g	\$	8h.
8i. Earnings in 7d made possible by disability assistance expense	\$	8i.
8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h)	\$	8j.
8k. Total annual unreimbursed medical expenses (if head/spouse/co-head under 62 and not disabled, put 0)	\$	8k.
8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k)	\$	8m.
8n. Medical/disability assistance allowance:		
If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero)	\$	8n.
If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m	\$	8n.
8p. Elderly/disability allowance (default = \$400)	\$	8p.
8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide).		8q.
8r. Allowance per dependent (default = \$480)	\$	8r.
8s. Dependent allowance: 8q X 8r	\$	8s.
8t. Total annual unreimbursed childcare costs	\$	8t.
8u. Total annual travel cost to work/school (Indian Housing only)	\$	8u.
8v. Reserved		
8w. Reserved		
8x. Total allowances: 8e + 8n + 8p + 8s + 8t + 8u	\$	8x.
8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0)	\$	8y.

8:	Expected Income Per Year
Line 8a:	The family's total annual family income. Copy from 7i.
Line 8b:	Public Housing only. The name of each family member in the household, and their individual Member number as indicated in line(s) 3a that corresponds to the income information reported.
Line 8c:	Public Housing only. The type of permissible deduction as determined by the PHA.
Line 8d:	Public Housing only. The amount of the permissible deduction.
Line 8e:	Public Housing only. The total of the dollar amounts (permissible deductions) listed in column 8d.
Note:	If the head of household and spouse or co-head are under age 62, and there are no family members with a disability, skip to line 8q. Otherwise, enter all medical expense information for the entire family in lines 8f through 8n.
Line 8f:	Amount of unreimbursed medical and disability expenses that the family must pay before the PHA can deduct an allowance for such expenses from their income. Multiply 0.03 by total annual income (line 8a).
Line 8g:	The family's total annual unreimbursed disability expenses.
Line 8h:	The amount the PHA may potentially deduct for the family's disability expenses. Subtract the medical/disability threshold (line 8f) from the total unreimbursed disability assistance expenses (line 8g).
Note:	If the maximum disability allowance is negative and head/spouse/co-head is under 62 and not disabled, enter 0.
Note:	If the maximum disability allowance is negative and head/spouse/co-head is elderly or disabled, copy the total unreimbursed disability assistance expenses (line 8g).
Line 8i:	Of a family's dollars per year listed in line 7d, determine the earned amount made possible by the unreimbursed disability expenses the family incurs.
Line 8j:	The total disability assistance expense amount the family may deduct. Lower of the maximum disability allowance (line 8h) or the earnings made possible by disability assistance expense (line 8i).
Note:	If the total unreimbursed disability assistance expense (line 8g) is less than the medical/disability threshold (line 8f) and head/spouse/co-head elderly or disabled, copy the maximum disability allowance (line 8h).
Line 8k:	The total annual amount of the family's medical expenses that another source does <u>not</u> reimburse (e.g., copayments for medical insurance).
Note:	If the head/spouse/co-head is under 62 and not disabled, enter 0.
Line 8m:	The amount of the family's total disability assistance (line 8j) and medical expenses (line 8k).
Note:	If no disability expenses, copy the total unreimbursed medical expenses (line 8k).
Line 8n:	The amount of the family's allowance for medical expenses and disability assistance expenses.
Note:	If the family does not have any disability assistance expenses or if the total unreimbursed disability assistance expenses (line 8g) is less than the medical/disability threshold (line 8f), enter the total disability assistance and medical expenses (line 8m) minus the medical/disability threshold (line 8f). If the difference is negative, put zero.
Note:	If disability assistance expense and the total unreimbursed disability assistance expense (line 8g) are greater than or equal to the medical/disability threshold (line 8f), copy the total disability assistance and medical expenses (line 8m).
Line 8p:	The family's standard allowance amount if the head of household or spouse or co-head is elderly (age 62 or over), or disabled. The current allowance is \$400.
Line 8q:	The total number of dependents who live in the household and are <i>under</i> 18 years of age, or have a disability, or are full-time students of any age.
Line 8r:	Standard allowance amount for each dependent in the household.
Note:	The current allowance per dependent is \$480.
Line 8s:	The amount of the family's dependent allowance. Multiply the number of dependents (line 8q) in the household by the standard allowance per dependent amount (line 8r).
Line 8t:	The household's total yearly unreimbursed childcare expenses.
Note:	This is the estimated amount a family expects to pay for childcare during the annual income period.
Line 8u:	Indian Housing only. The total annual amount of education or employment travel-related expense, which may <u>not</u> exceed \$1,300 per year (\$25 per week).
Line 8v:	Reserved for future HUD use.
Line 8w:	Reserved for future HUD use.
Line 8x:	The total amount of all of the family's allowances. Enter the sum of lines 8e, 8n, 8p, 8s, 8t, and 8u.
Line 8y:	The family's adjusted annual income. Subtract total allowances (line 8x) from total annual income (line 8a).
Note:	If 8x is larger, put 0.

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9. Total Tenant Payment (TTP)

9a. Total monthly income: $8a \div 12$	\$	9a.
9b. Reserved		
9c. TTP if based on annual income: $9a \times 0.10$	\$	9c.
9d. Adjusted monthly income: $8y \div 12$	\$	9d.
9e. Percentage of adjusted monthly income: use 30% for Section 8		9e.
9f. TTP if based on adjusted annual income: $(9d \times 9e) \div 100$	\$	9f.
9g. Welfare rent per month (if none, put 0)	\$	9g.
9h. Minimum rent (if waived, put 0)	\$	9h.
9i. Enhanced Voucher minimum rent	\$	9i.
9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i	\$	9j.
9k. Most recent TTP	\$	9k.
9m. Qualify for minimum rent hardship exemption? (Y or N)		9m.

9:	Total Tenant Payment (TTP)
Line 9a:	Divide total annual income (line 8a) by 12 to get total monthly income.
Line 9b:	Reserved for future HUD use.
Line 9c:	Multiply total monthly income (line 9a) by 0.10 to get total tenant payment (TTP) based on annual income.
Line 9d:	Divide adjusted annual income (line 8y) by 12 to get adjusted monthly income.
Line 9e:	Percentage of adjusted monthly income used to determine total tenant payment (TTP).
Note:	Use 30% for Section 8.
Line 9f:	Multiply the adjusted monthly income (line 9d) by percentage of adjusted monthly income (line 9e) and divide by 100 to get total tenant payment (TTP) based on adjusted monthly income.
Line 9g:	If the family receives welfare assistance, indicate the amount the welfare assistance agency specifically designates for shelter and utilities. The welfare assistance agency may adjust this amount in accordance with the actual cost of shelter and utilities.
Note:	If no welfare rent, put 0.
Line 9h:	Enter the PHA established monthly minimum rent amount. The PHA may require the tenant to pay a minimum rent amount up to \$50.
Note:	If the PHA waived this payment because of financial hardship, enter 0.
Line 9i:	Enhanced Vouchers only. Enter the monthly rent that the family was paying on the date of the 'eligibility event' for the project.
Line 9j:	The total tenant payment (TTP). Indicate the highest amount listed in the lines 9c, 9f, 9g, 9h, or 9i.
Line 9k:	The most recent total tenant payment (TTP) amount for the family.
Note:	This amount is only available if the family previously lived in subsidized housing.
Line 9m:	Indicate if the family qualifies for a minimum rent hardship exemption.
Note:	Under PHRA, a family does not have to pay the PHA established minimum rent if they qualify for a financial hardship exemption.

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10. Public Housing, Indian Rental, and Turnkey III

10a. TTP: copy from 9j	\$	10a.
10b. Unit's flat rent (see Instruction Booklet for prorated flat rent calculation)	\$	10b.
Income Based Rent Calculation (if prorated rent, skip to 10h)		
10c. Ceiling rent, if any	\$	10c.
10d. Lower of TTP or ceiling rent (if no ceiling rent, put 10a)	\$	10d.
10e. Utility allowance, if any	\$	10e.
10f. Tenant rent: 10d minus 10e	If positive or 0, put tenant rent	\$ 10f.
	If negative, credit tenant	or CR \$ 10f.

10g. Reserved

Income Based Prorated Rent Calculation (if not prorated, skip to 10u)

10h. Public/Indian Housing maximum rent	\$	10h.
10i. Family maximum subsidy: 10h minus 10a	\$	10i.
10j. Total number eligible		10j.
10k. Total number in family		10k.
10m. Reserved		
10n. Eligible subsidy (10i ÷ 10k) X 10j	\$	10n.
10p. Mixed family TTP: 10h minus 10n	\$	10p.
10q. Reserved		
10r. Utility allowance, if any	\$	10r.
10s. Mixed family tenant rent: 10p minus 10r	If positive or 0, put tenant rent	\$ 10s.
	If negative, credit tenant	or CR \$ 10s.

10t. Reserved

Type of Rent

10u. Type of rent selected:

☐ Income based ☐ Flat

10v. Reserved

10:	Public Housing, Indian Rental, and Turnkey III
Note:	Complete if the family's program type is Public Housing (line 1c=P) or Indian Housing (line 1c=B) and family participates in Public Housing, Indian Rental or Turnkey III and the type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), or Other Change of Unit (2a=7).
Line 10a:	The total tenant payment (TTP). Copy from 9j.
Line 10b:	Indicate the flat rent dollar amount.
Note:	Flat rent is set by the unit size and building.
Note:	If a PHA uses the ceiling rent amount for flat rent, input the ceiling rent amount in this line.
Note:	See the Instruction Booklet for the prorated flat rent calculation.
Line 10c:	The highest rent amount the PHA will require a family to pay for a particular unit size.
Note:	If no ceiling rent, enter 0.
Line 10d:	Indicate the lesser amount of either the total tenant payment (TTP) (line 10a) or ceiling rent (line 10c).
Note:	If there is no ceiling rent, enter the TTP (line 10a).
Line 10e:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Note:	If there is no utility allowance, enter 0.
Line 10f:	The rent amount the family pays to the owner after deducting the utility allowance (line 10e) from the lower rent (line 10d); or the total credit amount the family receives to pay utilities.
Line 10g:	Reserved for future HUD use.
Line 10h:	Indicate the maximum rent. To calculate the maximum rent, list the total tenant payments (TTP) paid by all tenants in this size unit in the PHA's jurisdiction from largest to smallest, then take the TTP that falls at the 95 th percentile.
Line 10i:	Maximum amount of rent subsidy available to the family. Subtract total tenant payment (TTP) (line 10a) from the Public/Indian Housing maximum rent (line 10h).
Line 10j:	The total number of family members eligible for rent subsidy based on the Noncitizens Rule.
Line 10k:	The total number of family members in the household.
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.
Line 10m:	Reserved for future HUD use.
Line 10n:	The total amount of rent subsidy for which the family is eligible. Divide family maximum subsidy (line 10i) by the total number in the family (line 10k) and multiply the product by the total number eligible (line 10j).
Line 10p:	Indicate the mixed family total tenant payment (TTP) for the unit based on the proration calculation. Public/Indian Housing maximum rent (line 10h) minus eligible subsidy (line 10n).
Line 10q:	Reserved for future HUD use.
Line 10r:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Note:	If there is no utility allowance, enter 0.
Line 10s:	The rent amount the family pays to the owner after deducting the utility allowance (line 10r) from the mixed family total tenant payment (TTP) (line 10p); or the total credit amount the family receives to pay for utilities.
Line 10t:	Reserved for future HUD use.
Line 10u:	Indicate whether the family selected an income based rent or a flat rent.
Line 10v:	Reserved for future HUD use.

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11. Section 8: Pre-merger Certificates (Except Manufactured Home Owner Renting the Space) and PHA Project Based Assistance Only

11a. Number of bedrooms on Certificate		11a.
11b. Is family now moving to this unit? (Project-based Certificates and Vouchers only) (Y or N)		11b.
11c. Reserved		
11d. Did family move into your PHA jurisdiction under portability? (Y or N) (if no, skip to 11g)		11d.
11e. Cost billed per month (put 0 if absorbed)	\$	11e.
11f. PHA code billed		11f.
11g. Housing type: <input type="checkbox"/> Unit has project-based assistance <input type="checkbox"/> Group home (prorate gross rent) <input type="checkbox"/> SRO: 1 room occupied by 1 person		
11h. Owner name		11h.
11i. Owner TIN/SSN		11i.
11j. Reserved		
11k. Contract rent to owner (if unit has other subsidy, put subsidized rent)	\$	11k.
11m. Utility allowance, if any	\$	11m.
11n. Gross rent of unit: 11k + 11m	\$	11n.
11p. Reserved		
11q. TTP: copy from 9j	\$	11q.
Rent Calculation (if prorated rent, skip to 11aa)		
11r. Total HAP: 11n minus 11q. If 11q is larger, put 0	\$	11r.
11s. Tenant rent: 11k minus 11r <div>If positive or 0, put tenant rent</div>	\$	11s.
<div>If negative, credit tenant</div> or CR	\$	11s.
11t. HAP to owner: lower of 11k or 11r	\$	11t.
Prorated Rent Calculation		
11aa. Normal total HAP: 11n minus 11q (skip to 11ae)	\$	11aa.
11ab. Reserved		
11ac. Reserved		
11ad. Reserved		
11ae. Total number eligible		11ae.
11af. Total number in family		11af.
11ag. Proration percentage: 11ae ÷ 11af		11ag.
11ah. Prorated total HAP: 11aa X 11ag	\$	11ah.
11ai. Mixed family TTP: 11n minus 11ah	\$	11ai.
11aj. Utility allowance: copy from 11m	\$	11aj.
11ak. Mixed family tenant rent: 11ai minus 11aj <div>If positive or 0, put tenant rent</div>	\$	11ak.
<div>If negative, credit tenant</div> or CR	\$	11ak.
11am. Reserved		
11an. Prorated HAP to owner: 11k minus 11ak (if 11ak is negative, put 11k)	\$	11an.

11:	Section 8: Pre-merger Certificates (Except Manufactured Home Owner Renting the Space) and PHA Project Based Assistance Only
Note:	Complete if the family's program type is Certificates (1c=CE) for Pre-merger Certificates or Vouchers (1c=VO) for Project-based Vouchers and type of action is New Admission (2a=1), Annual Reexamination (2a=2), Interim Reexamination (2a=3), Portability Move-in (2a=4), or Other Change of Unit (2a=7).
Line 11a:	Unit size (number of bedrooms) listed on the family's Certificate.
Line 11b:	Project-based Certificates and Vouchers only. Indicate if the family is now moving into the unit.
Line 11c:	Reserved for future HUD use.
Line 11d:	Indicate whether or not the household will move or has moved into the PHA's jurisdiction under portability.
Line 11e:	Monthly amount billed to the initial PHA for the family's housing assistance payment (HAP), on-going administrative fee, and any utility reimbursement to the family.
Note:	Enter 0 if the family was absorbed by the receiving PHA.
Line 11f:	The initial PHA's 2-letter state code and 3-digit identification number.
Note:	For help obtaining the initial PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 11g:	Check the housing type that applies to the family's housing unit.
Line 11h:	The Section 8 unit owner's legal name.
Line 11i:	Tax identification number (TIN) or Social Security Number (SSN) of the legal unit owner.
Line 11j:	Reserved for future HUD use.
Line 11k:	Total monthly rent amount paid to the unit owner under the lease, or other subsidized rent amount.
Line 11m:	If the payment does <u>not</u> include all utilities, indicate the monthly allowance amount for tenant supplied utilities that apply to the family occupied unit.
Line 11n:	To get the unit's total monthly rent amount, or gross rent, add the contract rent to owner (line 11k) and the utility allowance (line 11m).
Line 11p:	Reserved for future HUD use.
Line 11q:	The total tenant payment (TTP). Copy from 9j.
Line 11r:	Total housing assistance payment (HAP), which is composed of the gross rent of unit (line 11n) minus total tenant payment (TTP) (line 11q).
Line 11s:	The rent amount the family pays to the owner after deducting the total housing assistance payment (HAP) (line 11r) from the contract rent to owner (line 11k); or the total credit amount the family receives to pay utilities.
Line 11t:	The amount of the housing assistance payment (HAP) to the unit owner. Indicate the lower amount of the contract rent to owner (line 11k) or total HAP (line 11r).
Line 11aa:	Amount of the normal total housing assistance payment. Subtract total tenant payment (TTP) (line 11q) from gross rent (line 11n).
Line 11ab-ad:	Reserved for future HUD use.
Line 11ae:	Total number of family members eligible for a rent subsidy based on the Noncitizens Rule.
Line 11af:	Total number of family members in household.
Note:	Include all family members, including ineligible noncitizen family members (3i=IN). Do not include live-in aides or foster children/adults.
Line 11ag:	Percentage of family eligible for rent subsidy. Divide total number eligible (line 11ae) by total number in family (line 11af).
Line 11ah:	Total prorated housing assistance payment (HAP). Multiply normal total HAP (line 11aa) by proration percentage (line 11ag).
Line 11ai:	Total tenant payment (TTP) for the unit based on the proration calculation. Gross rent of unit (line 11n) minus prorated total housing assistance payment (HAP) (line 11ah).
Line 11aj:	Monthly allowance amount for tenant supplied utilities if the payment does not include all utilities. Copy from line 11m.
Line 11ak:	The rent amount the family pays to the owner after deducting the utility allowance (line 11aj) from the mixed family total tenant payment (TTP) (line 11ai); or the total credit amount the family receives to pay utilities.
Line 11am:	Reserved for future HUD use.
Line 11an:	The total prorated housing assistance payment (HAP) to the unit owner. Subtract the mixed family tenant rent (line 11ak) from the contract rent to owner (line 11k).
Note:	If the mixed family tenant rent (line 11ak) is negative, enter the contract rent to owner (line 11k).