CLIENT # _____

HOUSING AUTHORITY OF THE COUNTY OF COOK

175 W. JACKSON BLVD SUITE 350
CHICAGO IL 60604-3042
(312) 663-5447

RENEWAL MOVE TO RENEW IN PLACE REQUEST

RENEWAL MONTH: _____

Tenant name: _____ Vendor # _____

Address: _____ Landlord: _____

City/Zip: _____

Dear participating landlord and tenant:

If both tenant and present landlord decide to renew the lease for another lease term, please complete and return this form.

_____ and _____
Print landlord Name Print tenant name

Agree to renew the lease for the above listed unit.

_____ _____
Signature of Landlord Date

_____ _____
Signature of Tenant Date

Notes: Tenant, by signing this form you are waiving your right to submit the documents for moving that you have. Payments will not resume until this form is signed by the tenant and landlord, returned and the renewal process completed.