



Employer-Assisted Housing Program Rental Application

Please fill in the blanks and answer the questions that follow. All of the information you provide is kept confidential and will only be used to establish your eligibility to participate in the Employer-Assisted Housing Program. You will be contacted with information on the status of your application as soon as possible. Assistance will be distributed based on availability of funds.

First Name Middle Initial Last Name

Current Residential Address

City State Zip Code

Home Phone Work Phone Email Address

Department Job Title

1) Are you a full-time benefits-eligible University of Chicago or University of Chicago-Medicine employee and have you completed your probationary period? Yes No

2) Have you identified a rental unit within the Woodlawn Focus Area bounded by 60th Street to the north, Cottage Grove Avenue to the west, 67th Street to the south, and Stony Island Avenue to the east? Yes No

3) Do you currently rent or own in the Woodlawn Focus Area? Yes No

4) What is the address of your proposed rental unit? _____

5) Please add the information for your landlord, property owner, or manager:

First Name Middle Initial Last Name

Business Address

City State Zip Code

Phone Email Address

7) What is your proposed monthly rent? _____

8) What is your proposed least start date? _____

9) How many roommates will you have at your new residence excluding immediate family? _____

By completing this form, you acknowledge that you have reviewed the EAHP FAQs and understand the requirements of the program including:

- completion of rental counseling prior to signing your lease;
• notifying the University, within 60 days*, after completing your first 30 days of your lease term for the first reimbursement; and,
• notifying the University, within 60 days*, after the last day of your lease term for the final reimbursement.

*Reimbursement cannot be processed after the 60 day window.