

**THE HOUSING AUTHORITY OF THE COUNTY OF COOK**

**Leaseholder's Application and Certification for Rent Adjustment under the  
BROOKE AMENDMENT**

I, hereby apply for an interim rent adjustment under Section 213 (Brooke Amendment) of the 1969 Housing Act, which provides that no public housing resident shall, after August 1, 1982, be required to pay more than 30% of his/her income for rent.

**TENANT INFORMATION**

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DATE OF REQUEST: \_\_\_\_\_ CLIENT NO: \_\_\_\_\_  
NAME OF HEAD OF HOUSEHOLD: \_\_\_\_\_  
STREET ADDRESS: \_\_\_\_\_ UNIT NO: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE NO: \_\_\_\_\_

**STATE THE CHANGE AND REASON FOR CHANGE IN FAMILY INCOME**

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Select only one (1) of the two choices below.

There has been an INCREASE in my family's income.

Reason Being: \_\_\_\_\_

When did change take effect? \_\_\_\_\_

Do you anticipate your income decreasing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain why and how your income would be decreasing: \_\_\_\_\_

\_\_\_\_\_

**OR**

There has been a DECREASE in my family's income.

Reason Being: \_\_\_\_\_

When did change take effect? \_\_\_\_\_

Do you anticipate your income increasing? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain why and how your income would be increasing: \_\_\_\_\_

\_\_\_\_\_

**TENANT STATEMENT**

I understand that in the event my rent is reduced, I will be required to report all changes in my family income after the rent reduction is granted, increases as well as decreases, until the date of my next annual income review. Failing or refusing to report such changes may result in my paying retro-active rent due payable to the Housing Authority and, in addition, failure to do so would will be considered a violation of my lease and is grounds for my eviction.

\_\_\_\_\_  
SIGNATURE OF HEAD OF HOUSEHOLD

\_\_\_\_\_  
DATE

**RETURN FORM TO:**  
HOUSING AUTHORITY OF THE COUNTY OF COOK  
PO BOX 430, 1710 EAST END AVENUE  
CHICAGO HEIGHTS, ILLINOIS 60412  
T: 708-755-1700 F: 708-755-4047 TTY: 708-755-4806

**FOR OFFICE USE ONLY**

Amendment was:  Denied Date: \_\_\_\_\_

Reason being: \_\_\_\_\_  
\_\_\_\_\_

Amendment was:  Approved Date: \_\_\_\_\_

Reason being: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NAME OF PERSONNEL RECEIVING INFORMATION

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



The Housing Authority of the County of Cook does not discriminate in the admission or access to this program on the basis of race, color, religion, ethnic origin, gender, source of income, disability, age or familial status.