



NHS REDEVELOPMENT CORPORATION
NEIGHBORHOOD HOUSING SERVICES OF CHICAGO, INC.

NHSRC Lien Acquisition Application

Troubled Buildings Initiative (II)

Date: _____

LIEN & PROPERTY INFORMATION

Lien: \$ _____ Address: _____ City: Chicago State: IL Zip: _____

ENTITY REQUESTING LIEN ACQUISITION

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Type of entity:

- | | | |
|-------------|-------------------------------|------------------------|
| Individual | Limited Liability Corporation | For-profit Corporation |
| Partnership | Sole Proprietorship | Non-profit Corporation |

DESIRED LIEN ACQUISITION TYPE (Chose ONE Column Only)

Already Own Property – Check ONE: **OR** **Do Not Yet Own Property – Check ONE:**

- | | |
|--|--|
| Assignment through Purchase in Full | Assignment through Purchase in Full |
| Agreement to Release/Reduce Lien | Agreement to Release/Reduce Lien* |

**Redevelopment Agreement (RDA) – Lien may be assigned for reduced/no cost in conjunction with affordability requirement agreements (80% AMI). Copy of RDA template can be issued upon request*

PROPERTY ACQUISITION PLAN

Foreclose on Lien for Property Acquisition **Circle ONE:** YES NO Other

If Other, please explain: _____

REDEVELOPMENT PLAN

Rehab Cost Estimate: \$ _____ **Estimated Value After Rehab:** \$ _____

ANTICIPATED END-USE

Check ONE: Sale to Owner-Occupant Hold for Rental (indicate units) Other

If Other, please explain: _____

Please submit completed application by mail, email, or drop off to:

NHS of Chicago Redevelopment Corp
1279 N Milwaukee Ave, 4th Floor
Chicago IL 60622

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773-329-4165

