



ILLINOIS HOUSING DEVELOPMENT AUTHORITY

BRP Extension Request Form

Per the Program Guide 9.4 and Tri-Party Agreement Section 11 (d) (iii). Awardees must have a minimum of three (3) successful Unit Closings within six months and at least half (50%) of the units successfully closed within 12 months from the execution of the Tri-Party Agreement.

Extensions may be granted at the sole discretion of the Authority. **An approved Extension will only waive the requirement of three (3) Unit Closing within six months.** The ULG and NFP will still be required to successfully close at least half (50%) of the units within 12 months from the execution of Tri-Party Agreement.

Form instructions: ULGs and NFPs are required to complete this form collaboratively, reflecting challenges and corrective action plans. Please be as thorough as possible. Any relevant documentation should be available upon request. Please contact your Program Coordinator for further guidance.

ULG Partner's Full Legal Name: _____

NFP Partner's Full Legal Name: _____

Please select the type of current obstacle(s) for completing this program requirement:

Financial	Legal
Staffing	Other
Vendors/Contractors	

Please **a)** provide a detailed description of any obstacles selected above, **b)** why these special circumstances create the necessity for an extension, **c)** provide a corrective action plans for each obstacle, and **d)** the date the action plan is expected to be complete.

In order to be considered for an extension, we will need an update on the status of awarded properties. Please complete the items below for at least 50% of the awarded properties (i.e., if awarded eight properties please provide information on four properties).

PIN Number: _____
Full Property Address: _____
Projected date completed: _____
Status:

PIN Number: _____
Full Property Address: _____
Projected date completed: _____
Status:

PIN Number: _____
Full Property Address: _____
Projected date completed: _____
Status:

PIN Number: _____
Full Property Address: _____
Projected date completed: _____
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PIN Number: _____
Full Property Address: _____
Projected date completed: _____
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PIN Number: _____
Full Property Address: _____
Projected date completed: _____
Status:

PIN Number: _____
Full Property Address: _____
Projected date completed: _____
Status:

PIN Number: _____
Full Property Address: _____
Projected date completed: _____
Status:

I am a duly authorized representative of the ULG/NFP with the authority to execute this certification on behalf of the ULG/NFP. I have read and understand the BRP Guidelines and other governing documents related to this program. I agree that ULG/NFP will remit any Extensions required in a timely manner as proscribed by IHDA.

Signature of ULG Certifying Individual: _____
Name of ULG Certifying Individual: _____ Date: _____

Signature of NFP Certifying Individual: _____
Name of NFP Certifying Individual: _____ Date: _____

FOR IHDA STAFF USE ONLY	
Extension has been approved	Date Approved: _____
Extension has been denied	
Reason denied:	