



ASSISTANCE IMPACT LETTER

Date:

Borrower:

Coborrower:

Subject Property: _____, **IL**

Our programs seek to increase access to affordable housing. Your feedback helps us assist others in the creation and promotion of new programs. In your own words, explain how the our program/assistance will benefit you, the Borrower(s):

IHDA Opt-In - Help us help others!

I/We,

- Consent to having this statement used to help promote these types of programs to other homeowners in need of assistance.
YES NO
- Agree to be contacted via information provided in this document for future marketing opportunities or testimonial.
YES NO
- Wish to be notified of future IHDA opportunities.
YES NO
- Consent to photos taken at closing to be used in the promotion of IHDA programs
YES NO

How did you learn of IHDA's programs?

- | | |
|-----------------------|----------------------------|
| 1. I visited IHDA.org | 2. Housing/Community event |
| 3. IHDA email | 4. Printed Ad/Flyer |
| 5. Housing Counselor | 6. Real Estate Agent |
| 7. Friend/Family | 8. Other (Describe Below) |

ACKNOWLEDGEMENT

Borrower Signature

Co-Borrower Signature

Borrower/Coborrower E-mail:

Borrower/Coborrower Phone Number: