

Substantial Amendments for the Inclusion of the Final National Housing Trust fund Allocation Plan and changes to the HOME Program to the 2015-2019 Consolidated Plan. Substantial Amendment to the HOME Program for the 2015 Consolidated Plan Annual Action Plan

## **Executive Summary**

### **ES-05 Executive Summary - 91.300(c), 91.320(b)**

#### **1. Introduction**

The U.S. Department of Housing and Urban Development (HUD) requires State and local grantees of the four formula grant programs, namely the Community Development Block Grant (CDBG) the HOME Program, the Emergency Solutions Grants (ESG), and the Housing Opportunities for Persons with AIDS (HOPWA) and the National Housing Trust Fund programs to develop a five-year Consolidated Plan as a condition for funding. The State of Illinois' Consolidated Plan covers those non-entitlement areas of the State that do not have a local Consolidated Plan. Governor Edgar, on June 16, 1994, designated the Illinois Housing Development Authority (IHDA) as the lead agency in developing the Consolidated Plan. IHDA's Office of Housing Coordination Services (OHCS) has primary responsibility for coordinating, developing and distributing the Plan, and receives input from the OHCS advisory Committee and the general public in developing and updating the Plan.

#### **Illinois Final Allocation Plan for the National Housing Trust Fund**

IHDA has been designated by Governor Pat Quinn as the administering State agency for the newly-funded National Housing Trust Fund, a formula grant program. Funding for the NHTF became available in the second year of the 2015-2019 Consolidated Plan. Authorizing statute and HUD's interim rule place specific parameters on the eligible uses of these funds. Those requirements, along with IHDA's use of these funds under the 2015-2019 Consolidated Plan, are included as an appendix in this amended State of Illinois 2015-2019 Consolidated Plan.

Executive Order 2003-18 also established the State of Illinois' Comprehensive Housing Initiative on September 16, 2003, and created the Housing Task Force to improve the planning and coordination of the State's housing resources through 2008. While many of these areas have in fact been historically addressed by the State Consolidated Plan, they were previously done so on a voluntary administrative basis rather than with legislative or executive (Governor's) mandate. The Executive Director of the Illinois Housing Development Authority (IHDA) was appointed Chair of the State's Housing Task Force and was joined by a panel of thirty-four representatives from State agencies and the housing

community. Furthermore, the identification of the following six underserved populations in the Executive Order now provides more specificity to the State's housing priorities:

Low-income Households (with particular emphasis on households earning below 30% of area median income);

- Low-income seniors;
- Low-income persons with disabilities;
- Homeless persons and persons at risk of homelessness;
- Low and moderate- income persons unable to afford housing near work or transportation (Live Near Work); and
- Low-income persons residing in existing affordable housing that is in danger of being lost or becoming unaffordable (Preservation).

The Comprehensive Housing Planning Act (P.A. 94-965) of 2006 codified Executive Order 2003-18 and extends its intent through June 30, 2016. Per the Act, the State of Illinois shall continue to prepare and be guided by an annual comprehensive housing plan addressing the housing needs of the underserved populations. Annual Comprehensive Housing Plans are to include an identification of funding sources for which the State has administrative control that are available for housing construction, rehabilitation, preservation, operating or rental subsidies, and supportive services.

## **2. Summary of the objectives and outcomes identified in the Plan Needs Assessment Overview**

The State of Illinois will use the following HUD-determined Objective and Outcome statements for its CPD-formula activities:

- Accessibility for the purpose of creating suitable living environments
- Accessibility for the purpose of creating economic opportunities
- Affordability for the purpose of providing decent affordable housing
- Affordability for the purpose of creating economic opportunities
- Sustainability for the purpose of creating suitable living environments
- Sustainability for the purpose of providing decent affordable housing

## **3. Evaluation of past performance**

On May 29, 2015 HUD's Office of Community Planning and Development in Chicago issued its 2014 Program Year End Review Letter to the State of Illinois. The letter is on file with and available through IHDA's Office of Housing Coordination Services. Points of note:

## Evaluation of Past Performance

- HUD determined the State was making acceptable progress towards its 5-Year goals.
- The State is meeting the 15-month goal to obligate 100 percent of its CDBG funds, and did not exceed the 2 percent cap on the CDBG funds for administrative and technical assistance costs.
- 2014 is the last year of the State's 2012, 2013, 2014 low/mod compliance period for its CDBG funds on projects and programs that would benefit low and moderate income people. Until the State enters final information into HUD IDIS PR-28 Report, compliance cannot be evaluated. A review of CDBG Activities contains 3 flags for the State's activities, with two pending at risk. HUD commends the State for taking all necessary actions to reduce the amount of flagged and at-risk activities since Program Year 2012, when the State had 138 flagged activities and 117 Pending-At-Risk Activities.
- HOME Investment Partnerships: During the 2014 program year, the State complied with the 24-month commitment deadline and the five-year expenditure deadline for HOME funds. The State reserved at least 15 percent of its allocation for designated Community Housing Development Organizations (CHDOs). In 2014, no HOME funds were subject to recapture. HUD expressed its continuing concern regarding the State's high commitment shortfall within four months of the commitment deadline, requesting a management plan from IHDA for enter of all commitments into IDIS System.
- Regarding the Emergency Solution Grant, the State is in compliance with the expenditure deadline for 2014 ESG funds. Though the State did not meet the expenditure deadline for 2012, it appears on target to meet deadlines for 2013 and 2014 funding.
- The HOPWA program was assessed during the 2014 program year. The 2011 grant was assessed to determine the State's compliance with the three-year expenditure requirement. The State expended 100 percent of the 2011 grant.
- As of May 29, 2015, the State met both expenditure deadlines for NSP 1 and NSP 3 programs.
- As of May 29, 2015, the State had obligated \$17,301,785 out of the \$17,341,434 Mid-West Floods Grant in DRGR, with total disbursements of \$14,379,330.95. For the CDBG-IKE Grant, the State has obligated over 98% (or \$191,495,945.59) of the \$193,700,004 in grant funds, with total disbursements of \$151,985,101.83.
- The CDBG program was not monitored during the 2014 program year. However, one finding of non-compliance for 2013 regarding eligible use of Revolving Loan by Units of General Local Government remained unresolved. The State requested a one-year extension to allow the legislate bipartisan Joint Committee on Administrative Rules (JCAR) to approve the changes to State agency administrative rules by the Corrective Action issued by HUD. HUD granted this reasonable request. The State subsequently submitted its response and is receiving additional technical assistance to resolve this finding.
- HUD has determined that the State of Illinois has the continuing capacity to administer Community Planning and Development programs, and the activities under CDBG, HOME, HOPWA and ESG were consistent with its Consolidated Plan. The State used the funds appropriately and as intended to address needs.

#### 4. Summary of citizen participation process and consultation process

##### The Citizen Participation Plan

The Citizen Participation Plan centers around the public hearing and public comments processes. The Public Comment period began May 8, 2015 and ended June 8, 2015. The State held one public hearing on Tuesday, May 26, 2015 at 1:30 P.M. It was presented via televideoconference at the following 3 locations: Illinois Housing Development Authority, 401 North Michigan Avenue-7th Floor, Chicago; Department of Commerce and Economic Opportunity (DCEO)4th Floor Conference Room, 500 East Monroe, Springfield; and the Illinois State Regional Office Building-Conference Suite 106, 2309 West Main Street, Marion.

- A 2015 Public Notice was mailed to 35 statewide housing-related agencies and organizations, a number of which included announcement of same in a newsletter or mailing sent to their memberships. Copies were also sent to the members of the OHCS Advisory Committee and CDBG Entitlement Grantees.
- The Public Notice was published prior to these hearings in the following ten (10) newspapers: the *Champaign News Gazette*; the *Daily Southtown*; *Edwardsville Publishing Co.*; the *Kankakee Journal*; the *Macomb Journal*; the *Peoria Journal-Star*; the *Quincy Herald-Whig*; the *Rock Island Argus-The Dispatch*; and the *Springfield State Journal Register*.
- DCEO mailed notices of the public hearing to all of the CDAP-eligible units of general local government in Illinois (i.e., non-entitlement cities, towns, villages, and counties), as well as to its mailing list of homeless assistance service provider agencies.
- DCEO carried out additional activities (e.g., application workshops) on April 27-28, 2015 on the State CDBG Citizen Participation Plan, which is contained in the CDBG portion of the Program Specific Requirements section of the Consolidated Plan Five-Year Plan.
- Approximately 30 hard copies of the draft Consolidated Plan Five-Year Plan/2015 Action Plan were sent to interested parties as requested. Electronic copies were sent to IHDA Board of Directors, the OHCS Advisory Committee, State Agencies Housing Committee, Illinois Housing Task Force, Affordable Housing Trust Fund Advisory Commission, Community Development Block Grant (CDBG) Entitlement grantees, Community Action Agencies, Regional Planning Commissions, Public Housing Authorities and other groups. The draft plan was also posted on IHDA's website at [www.ihda.org](http://www.ihda.org).
- The public hearing was held via televideoconference during the 30-day public comments period in Chicago, Marion, and Springfield. The date for the hearing was also posted on IHDA's website.
- The agenda for the public hearing is also attached.
- All notices and agendas clearly stated that each site was accessible for persons with disabilities. IHDA made reasonable efforts to accommodate persons with sight-and hearing-impaired disabilities, as well as for significant groups of Non-English speaking residents.

- Notes from the public hearing are included in the plan
- 3 public comments letters were received during the public comments period.
- The development of both the Citizen Participation Plan and Consolidated Plan provided more than ample opportunity for the public to provide comments. As mentioned previously, all public hearing sites are fully accessible to persons with disabilities.
- The criteria which the State uses to determine if certain proposed program or policy changes constitute a substantial amendment to the Consolidated Plan are as follows:

## **Changes**

### **The following circumstances will trigger a substantial amendment to the Five Year Plan and subsequent Action Plans:**

(1) A major statutory change occurs in the enabling law which created the program that modifies the eligible types of applicants and/or the eligible types of activities which can be carried out, provided same were not at least partially eligible under the original statute and rules.

(2) Major changes in the use of the four formula grant funds from one eligible activity (as identified in the Consolidated Plan) over the original planned use.

(3) Other legislative or administrative actions that serve to significantly alter which agency(ies) are operating which existing, expanded, or new programs covered under the current (or potentially expanded) Consolidated Plan.

- In any of the above cases, this citizen participation plan will require that public notification occur per the following: written notification to IHDA Board of Directors, OHCS Advisory Committee, State Agencies Housing Committee, and 32 other housing-related organizations, to inform them of the proposed amendment and provide for a 30-day public comments period; and publication of press releases and public notices, and mailings, as is appropriate, to affected parties.

(4) The State shall consider all legitimate comments on the amendment, which are received in writing and orally at public hearings (if held) from the general public or units of general local government. A summary of those comments and the State responses to same will be attached to the substantial amendment, which the State will then forward to HUD for review and approval.

## **5. Summary of public comments**

See Attachment

## **6. Summary of comments or views not accepted and the reasons for not accepting them**

Not applicable. All material comments and views were considered. See attachments.

**7. Summary**

## The Process

### PR-05 Lead & Responsible Agencies 24 CFR 91.300(b)

**1. Describe agency/entity responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source**

The following are the agencies/entities responsible for preparing the Consolidated Plan and those responsible for administration of each grant program and funding source.

Agency Role	Name	Department/Agency
CDBG Administrator	ILLINOIS	Department of Commerce and Economic Opportunity
HOPWA Administrator	ILLINOIS	Department of Public Health
HOME Administrator	ILLINOIS	IL Housing Development Authority
NHTF Administrator	ILLINOIS	IL Housing Development Authority
ESG Administrator	ILLINOIS	Department of Human Services

**Table 1 – Responsible Agencies**

### Narrative

#### Lead Agency Designation

Governor Jim Edgar designated the Illinois Housing Development Authority (IHDA) as the lead entity for developing and producing the State Consolidated Plan and related documents (See Attachment 'Exhibit 1').

The Comprehensive Housing Plan Act (P.A. 94-965) issued on June 30, 2006, established the State of Illinois' first-ever Comprehensive Housing Act. The Act calls for: the creation of a Housing Task Force; the development of a State comprehensive housing plan, with staff support and coordination assistance from IHDA; the identification of underserved populations; the encouragement to more effectively use available funds from IHDA and other State agencies in a single application process; annual progress reporting; and other features. While many of these areas have in fact been historically addressed by the State Consolidated Plan, they have been done so on a voluntary, administrative basis rather than with legislative or executive (Governor's) mandate. Furthermore, the identification of underserved populations in the Act now provides more specificity to the State's housing priorities.

Illinois is eligible to receive grants under all four major HUD formula funding programs. These formula grants are administered by the four different State agencies as included in the chart above.

#### **Consolidated Plan Public Contact Information**

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**Illinois Housing Development Authority (HOME and National Housing Trust Fund)**

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**Illinois Department of Human Services (ESG)**

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**Illinois Department of Public Health (HOPWA)**

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## **PR-10 Consultation - 91.110, 91.300(b); 91.315(l)**

### **1. Introduction**

The State consulted the following major advisory bodies:

- Office of Housing Coordination Services (OHCS) Advisory Committee - This is an advisory group to OHCS. This Committee's major functions are to provide input into the Consolidated Plan development (Five-Year Plan, Action Plans, and Annual Performance Reports), as well as to help set other housing goals and respond to changing policy. OHCS staff meets with this group of public and private sector housing practitioners and advocated on a quarterly basis.
- The Illinois Housing Task Force - The Task Force consists of members which are representative of various governmental agencies and/or offices, four of which are appointed by the four legislative majority and minority leaders and sixteen of which were appointed directly by the Governor based on their expertise on housing or housing-related areas. The Task Force is chaired by the Executive Director of IHDA. and Vice-Chaired by a non-governmental sector representative appointed by the Governor.

### **Provide a concise summary of the state's activities to enhance coordination between public and assisted housing providers and private and governmental health, mental health and service agencies (91.215(l))**

Public housing authorities are represented on the OHCS Advisory Committee, the Housing Task Force, and the Affordable Housing (Trust Fund) Advisory Commission. The 2015 Illinois Governor's Conference on Affordable Housing included a session on the RAD Program, which brought PHAs together with private affordable housing developers who work use the Low Income Housing Tax Credit (LIHTC) Program.

Also, IHDA participates on the Board of the National Association of Housing and Redevelopment Officials (NAHRO) at the State, Regional, and National levels. This allows for planning and involvement in a variety of conference and training topics of mutual interest to PHAs, community development agencies, and the State. Examples of sessions at recent NAHRO conferences include the following: Affordable Housing Development 101 and Affirmatively Furthering Fair Housing.

IHDA also works closely with the Illinois Housing Council (IHC) an affordable housing membership organization. IHC co-sponsors the Governor's Conference on Affordable Housing with IHDA annually.

### **Describe coordination with the Continuum of Care and efforts to address the needs of homeless persons (particularly chronically homeless individuals and families, families with children, veterans, and unaccompanied youth) and persons at risk of homelessness**

The State participates in monthly conference calls with Continuum of Care representatives, organized by Housing Action Illinois and the Supportive Housing Providers' Association.

Representatives from several State agencies and the Governor's Office serve on the planning committee for the homeless service providers' annual Peer-to-Peer Conference/Workshop/Training organized by HUD annually.

Illinois is one of the states whose Governor signed on to the Mayor's Challenge to End Veteran Homelessness, and its Department of Veterans Affairs (IDVA) is very active in this area.

Several State agency representatives serve on Boards for Continuums of Care and/or homeless shelters and other service providers, although this activity is more concentrated in Chicago, Cook County, and Springfield.

Continuum of Care agencies are represented on the State's Interagency Council on Homelessness (ICH). The State's ICH was formed as a result of an award of a grant through the Federal SAMHSA. However, an expanded scope, work plan and sustainability plan are currently being drafted.

**Describe consultation with the Continuum(s) of Care that serves the state in determining how to allocate ESG funds, develop performance standards and evaluate outcomes, and develop funding, policies and procedures for the administration of HMIS**

Statewide Continua of Care (CoC) are asked to make recommendations to the Illinois Department of Human Services (IDHS) for funding to units of local government or private not-for-profit organizations within their jurisdictions. The Department reviews proposals for each of the organizations recommended for funding by the CoCs, and makes awards based on the merit of the proposal and past performance. The amount of the grant depends on the amount negotiated based on the application submitted, and the recommendation by the local CoC. Local Continua of Care designate the HMIS for their areas. All activities must comply with HUD's standards on participation, data collection, and reporting under a local HMIS.

**2. Describe Agencies, groups, organizations and others who participated in the process and describe the jurisdictions consultations with housing, social service agencies and other entities**

**Table 2 – Agencies, groups, organizations who participated**

1	<b>Agency/Group/Organization</b>	ILLINOIS HOUSING DEVELOPMENT AUTHORITY
	<b>Agency/Group/Organization Type</b>	Housing Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Market Analysis
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A founding member of the State Agencies Housing Committee which is staffed by IHDA's Office of Housing Coordination Services. IHDA is the administrator of the HOME Program, one of the four formula grant programs, and is responsible for the coordination and submission of the State of Illinois' Consolidated Plan. IHDA also administers the Low-Income Housing Tax Credit (LIHTC) program.
2	<b>Agency/Group/Organization</b>	Illinois Department of Commerce and Economic Opportunity
	<b>Agency/Group/Organization Type</b>	Housing Services-Employment Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Economic Development Anti-poverty Strategy Section 108 Loan Guarantee
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee. DCEO is the administrator of the Community Development Block Grant (CDBG) Program, one of the four formula grant programs, known as the Community Development Assistance Program (CDAP).
3	<b>Agency/Group/Organization</b>	Illinois Department of Human Services
	<b>Agency/Group/Organization Type</b>	Housing Services - Housing Services-Children Services-Persons with Disabilities Services-Victims of Domestic Violence Services-homeless Publicly Funded Institution/System of Care Other government - State

	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children Homelessness Needs - Unaccompanied youth Non-Homeless Special Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee and administrator of the Emergency Solutions Grants (ESG) Program, one of the four formula grant program.
4	<b>Agency/Group/Organization</b>	Illinois Department of Public Health
	<b>Agency/Group/Organization Type</b>	Housing Services-Persons with HIV/AIDS Services-Health Health Agency Publicly Funded Institution/System of Care Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Lead-based Paint Strategy HOPWA Strategy
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee and administrator of the Housing Opportunities for Persons with AIDS (HOPWA) Program, one of the four formula grant programs, which enables IDPH to promote housing and health stability for low-income people living with HIV/AIDS in Illinois. It also administers the Ryan White Care Act funding. IDPH also administers the State's Lead Poisoning Prevention and Healthy Homes Programs through the Office of Environmental Health. IDPH enforces the Lead Poisoning Prevention Act, and the Lead Poisoning Prevention Code.
5	<b>Agency/Group/Organization</b>	Illinois Department on Aging
	<b>Agency/Group/Organization Type</b>	Housing Services - Housing Services-Elderly Persons Publicly Funded Institution/System of Care Other government - Federal

	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Non-Homeless Special Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee; They are the lead agency for Colbert V. Williams consent decree and administers the Community Care (elderly-in-home-services) Program.
6	<b>Agency/Group/Organization</b>	Illinois Department of Children and Family Services
	<b>Agency/Group/Organization Type</b>	Services - Housing Services-Children Services-homeless Child Welfare Agency Publicly Funded Institution/System of Care Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Homeless Needs - Families with children Homelessness Needs - Unaccompanied youth
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee and the State's child welfare agency.
7	<b>Agency/Group/Organization</b>	Illinois Department of Healthcare and Family Services
	<b>Agency/Group/Organization Type</b>	Housing Services-Elderly Persons Services-Persons with Disabilities Health Agency Publicly Funded Institution/System of Care Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Market Analysis
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee and the State's delegated Medicare Agency. It also operates the Money Follows the Person (MFP) Program, and operates the Supportive Living Facilities (SLF) Program under a Medicaid waiver.

8	<b>Agency/Group/Organization</b>	Illinois Department of Veterans' Affairs
	<b>Agency/Group/Organization Type</b>	Services - Housing Publicly Funded Institution/System of Care Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Homelessness Needs - Veterans
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee and staff to Discharged Servicemember Task Force (DSTF).
9	<b>Agency/Group/Organization</b>	Illinois Department of Human Rights
	<b>Agency/Group/Organization Type</b>	Service-Fair Housing Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Fair Housing Enforcement
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the State Agencies Housing Committee and the State's fair housing agency.
10	<b>Agency/Group/Organization</b>	Illinois Department of Corrections
	<b>Agency/Group/Organization Type</b>	Publicly Funded Institution/System of Care Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Non-Homeless Special Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the Housing Task Force and administers state-funded correctional facilities.

11	<b>Agency/Group/Organization</b>	Macoupin County Housing Authority
	<b>Agency/Group/Organization Type</b>	Housing PHA Services - Housing Services-Elderly Persons Services-Persons with Disabilities
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Committee and a rural focused PHA.
12	<b>Agency/Group/Organization</b>	Peoria Housing Authority
	<b>Agency/Group/Organization Type</b>	Housing PHA Services - Housing Services-Elderly Persons Services-Persons with Disabilities
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Committee and an urban-based PHA.
13	<b>Agency/Group/Organization</b>	Woodford County Housing Authority
	<b>Agency/Group/Organization Type</b>	Housing PHA Services - Housing Services-Elderly Persons Services-Persons with Disabilities
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs

	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Committee and a non-metro PHA.
14	<b>Agency/Group/Organization</b>	Chicago Metropolitan Agency for Planning (CMAP)
	<b>Agency/Group/Organization Type</b>	Regional organization Planning organization Business and Civic Leaders
	<b>What section of the Plan was addressed by Consultation?</b>	Data and Research
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A Member of the OHCS Advisory Committee and the State-designated regional planning agency for the 7-County Chicago metropolitan region.
15	<b>Agency/Group/Organization</b>	PROJECT NOW COMMUNITY ACTION AGENCY
	<b>Agency/Group/Organization Type</b>	Housing Services-Elderly Persons Regional organization
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Local Continuum of Care Member
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Committee and an urban/rural Community Action Agency.
16	<b>Agency/Group/Organization</b>	MADISON COUNTY COMMUNITY DEVELOPMENT
	<b>Agency/Group/Organization Type</b>	Housing Other government - County
	<b>What section of the Plan was addressed by Consultation?</b>	Local Administrator of CDBG, HOME, ESG, and HOPWA
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Committee. Local administrator of the CDBG Urban County Entitlement, ESG, and HOME programs locally. CoC and lead based paint abatement programs are also administered by this office.

17	<b>Agency/Group/Organization</b>	CEDA
	<b>Agency/Group/Organization Type</b>	Housing Services-homeless
	<b>What section of the Plan was addressed by Consultation?</b>	Non-Homeless Special Needs Economic Development
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	CEDA (Community Economic Development Association of Cook County, Inc) is a member of the OHCS Advisory Committee, CEDA of Cook County Inc. is a community action agency which offers services in day care, commodities distribution, community development, emergency and homeless shelter, employment, housing counseling, LIHEAP, and weatherization.
18	<b>Agency/Group/Organization</b>	WESTERN ILLINOIS REGIONAL COUNCIL
	<b>Agency/Group/Organization Type</b>	Housing Services-Victims of Domestic Violence Regional organization
	<b>What section of the Plan was addressed by Consultation?</b>	Homeless Needs - Families with children Economic Development Victims of Domestic Violence
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Council, the Western Illinois Regional Council is a regional planning organization providing assistance to governments in six counties. Serving also as a community action agency in four counties, the agency provides energy and weatherization assistance, housing rehabilitation, scholarships, homeless programming, emergency food, shelter and clothing, small business loans, and assistance to victims of domestic violence and sexual assault/abuse.
19	<b>Agency/Group/Organization</b>	BMO Harris Bank
	<b>Agency/Group/Organization Type</b>	Business Leaders
	<b>What section of the Plan was addressed by Consultation?</b>	Economic Development

	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	OHCS Advisory Committee member. BMO provides expertise on regulated mortgage financing and and downpayment assistance and also invest is multi-family projects through direct funding and LIHTC investments
20	<b>Agency/Group/Organization</b>	Office of the Attorney General of Illinois
	<b>Agency/Group/Organization Type</b>	Other government - State
	<b>What section of the Plan was addressed by Consultation?</b>	Fair Housing
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	Under the Illinois Human Rights Act (HRA), the Illinois Attorney General investigates possible fair housing violations when those violations demonstrate a pattern and practice of discrimination prohibited by the HRA. When the Attorney General has reasonable cause to believe that a person is engaged in a pattern and practice of illegal discrimination, the Attorney General may file a civil action to enforce the provisions of the HRA. Further, the Illinois Attorney General is responsible for enforcing the Environmental Barriers Act (EBA). This duty involves investigating alleged violations of the EBA and the Illinois Accessibility Code ("Code") any may include the filing of a lawsuit where necessary to ensure compliance with the EBA. The Attorney General utilizes the HRA and Fair Housing Amendment Act to pursue developers that design and construct inaccessible housing. They also administered funds under the National Foreclosure Settlement Fund.
21	<b>Agency/Group/Organization</b>	Illinois Housing Council
	<b>Agency/Group/Organization Type</b>	Housing Services - Housing Services-Education Neighborhood Organization
	<b>What section of the Plan was addressed by Consultation?</b>	Preservation of affordable housing

	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	
22	<b>Agency/Group/Organization</b>	Northeastern Illinois Area Agency on Aging
	<b>Agency/Group/Organization Type</b>	Services - Housing Services-Elderly Persons Health Agency Other government - State Other government - Local Regional organization Neighborhood Organization
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	
23	<b>Agency/Group/Organization</b>	Southern Illinois Coalition for the Homeless
	<b>Agency/Group/Organization Type</b>	Housing Services - Housing Services-Persons with Disabilities Services-Persons with HIV/AIDS Regional organization Civic Leaders Neighborhood Organization
	<b>What section of the Plan was addressed by Consultation?</b>	Homelessness Strategy Homeless Needs - Chronically homeless Homeless Needs - Families with children
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	A member of the OHCS Advisory Committee.

24	<b>Agency/Group/Organization</b>	Rural Rental Housing Association of Illinois
	<b>Agency/Group/Organization Type</b>	Housing Other government - State Other government - County Other government - Local Regional organization Neighborhood Organization
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	RRHA of Illinois is dedicated to its membership and the advancement of affordable, multifamily housing by providing up-to-date industry information, educational seminars, an annual conference, and through meetings with various state and national representatives. The Association strives to improve the lifestyle of our local rural citizens by working with USDA Rural Development, the Department of Housing and Urban Development (HUD), the Illinois Housing Development Authority (IHDA), and other government agencies.
25	<b>Agency/Group/Organization</b>	ROCKFORD HOUSING AUTHORITY
	<b>Agency/Group/Organization Type</b>	Housing PHA Services - Housing Services-Persons with Disabilities
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	RHA partners with the community and responsible residents to transform houses into homes while guiding families to self-sufficiency. RHA's goal is to improve the quality of life for residents in Rockford County.
26	<b>Agency/Group/Organization</b>	Winnebago County Housing Authority
	<b>Agency/Group/Organization Type</b>	Housing PHA Services - Housing Services-Persons with Disabilities Other government - County

	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	The Winnebago County Housing Authority (WCHA) is committed to providing safe, decent and affordable housing. Winnebago County Housing Authority is governed by an appointed Board of Commissioners and is served by competent, friendly housing professionals
27	<b>Agency/Group/Organization</b>	Champaign County Housing Authority
	<b>Agency/Group/Organization Type</b>	Housing PHA Other government - County
	<b>What section of the Plan was addressed by Consultation?</b>	Housing Need Assessment Public Housing Needs
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	HACC provides housing for low-income families and individuals. Families and individuals who meet income requirements are selected in accordance with the Admissions and Continued Occupancy Policy and the Housing Act of 1939. HACC has expanded its scope of tenant services far beyond housing to include job skills training, in-home education programs and youth programs.
28	<b>Agency/Group/Organization</b>	Illinois Centers for Independent Living
	<b>Agency/Group/Organization Type</b>	Services-Persons with Disabilities Regional organization Civic Leaders
	<b>What section of the Plan was addressed by Consultation?</b>	Programs for Persons with Disabilities
	<b>How was the Agency/Group/Organization consulted and what are the anticipated outcomes of the consultation or areas for improved coordination?</b>	The purpose of INCIL is to facilitate the collaboration of all Centers for Independent Living in Illinois for promoting, through the Independent Living Movement, equal opportunities and civil rights for all persons with disabilities.

**Identify any Agency Types not consulted and provide rationale for not consulting**

Not applicable

**Other local/regional/state/federal planning efforts considered when preparing the Plan**

Name of Plan	Lead Organization	How do the goals of your Strategic Plan overlap with the goals of each plan?
Continuum of Care		

**Table 3 – Other local / regional / federal planning efforts**

**Describe cooperation and coordination among the State and any units of general local government, in the implementation of the Consolidated Plan (91.315(I))**

IHDA's Office of Housing Coordination Services provides overall coordination between State agencies, with statewide trade and membership organizations, regional and local agencies, and local governments. Its 40-member Advisory Committee is represented by these groups as well as non-profit organizations, realtors, developers, builders, and other private industry officials, and meets quarterly. In Illinois, there are 48 CDBG Entitlement communities (plus the State-DCEO) that are responsible for either submitting their own local Consolidated Plan, or are covered by another local Consolidated Plan. As such, these local governments are not covered by the State Consolidated Plan, but are responsible for carrying out their own separate housing strategies. Likewise, local governments that are not Entitlements under CDBG but which apply for funding directly to HUD under other programs are responsible for submitting an abbreviated local Consolidated Plan which they would be responsible for carrying out.

The State and HUD have held occasional workshops since 1992 with local CDBG Entitlement grantees to discuss Consolidated Plan requirements and the availability of relevant information and resources from State agencies and other sources. The relationship between the State and local governments in Illinois is clearly defined in the State Constitution. Those municipalities in Illinois which have Home Rule status (211 municipal units, plus Cook County) have liberal powers. There is a strong sense in Illinois that these powers should not be weakened by the development generally of State regulation. As such, the State Consolidated Plan does not mandate action at the local level; rather the State Consolidated Plan indicates its support for applications by other entities, such as local governments and non-profit and for-profit organizations. For various federal programs administered at the State level (such as CDBG, HOME, and Emergency Solutions Grants), qualifying local governments are generally eligible applicants and can act as sub recipients of funding. To this end, local governments that are covered by the State Consolidated Plan (those that do not have to do a local or abbreviated Consolidated Plan) and which receive funds under the State (CDBG, HOME, and Emergency Shelter Grants) formula grant programs are assisting the State in carrying out its strategy.

OHCS coordinates other activities with local governments and agencies primarily through statewide associations and local meetings. Presentations of meetings and provision of newsletter articles have been given to the Illinois Municipal League, Illinois Association of Regional Councils, Illinois Association of Housing Authorities, the Illinois Chapter of the National Association of Housing and Redevelopment

Officials (NAHRO) and Rural Partners, among others. Finally, local governments are routinely invited to attend major program-related workshops, public hearings and conferences held or coordinated by IHDA and DCEO. IHDA also works closely with regional chapters of these larger organizations, such as the Metropolitan Mayors Caucus of the Illinois Municipal League and the Metropolitan Planning Council.

**Narrative (optional):**

**Non-Profit Organizations/Private Industry Sector**

The State works with statewide groups representing non-profit housing and social services agencies. These groups represent organizations that administer federal and state housing assistance programs at the local level (e.g., CDAP, HOME, AHTF, Weatherization, LIHEAP, CSBG) and/or apply for funding and administer loans and grants for specific projects. Non-profit and for-profit organizations located in areas covered by the State Consolidated Plan are also assisting the State in carrying out its strategy, and they must obtain a Certification of Consistency with the State Consolidated Plan, per HUD guidelines, to confirm that proposed HUD projects are consistent with the State strategy. Local governments and non-profit and for-profit organizations that are located in geographic areas covered by the State Consolidated Plan and that are recipients of State and private funds are also in essence helping carry out the State housing strategy.

IHDA has made efforts to ensure that private sector groups are included in its advisory groups, including the OHCS Advisory Committee. The actors in housing in the private sector are lending institutions, developers, builders, investors, and realtors. The availability of adequate credit to credit-worthy customers, along with other economic factors such as unemployment, also substantially affects the housing industry. Examples of organizations represented on the OHCS Advisory Committee are: the Illinois Association of Realtors, the Illinois Bankers Association, LeadingAge Illinois (formerly Life Services Network), the Rural Rental Housing Association of Illinois, the Development Services Group; and the Illinois Manufactured Housing Association. Some financial institutions have long been involved in community development and housing lending. However, this has not been the case with many banks and lenders. Several federal laws passed in the last 35 years require specific actions and practices to be carried out by federally insured lenders. The major laws passed were Home Mortgage Disclosure Act (HMDA) of 1975, the Community Reinvestment Act (CRA) of 1977, and the Financial Institutions Reform Recovery and Enforcement Act (FIRREA) of 1989. The latter required the establishment of Affordable Housing Disposition Programs at the Resolution Trust Corporation (RTC), and of the Affordable Housing Program (AHP) at all Federal Home Loan Banks. The latter program requires a contribution of 10% of the previous year's net income of each bank to be used for this program. These programs are all aimed at providing housing opportunities to lmi persons and households. Unfortunately, due to minimum deposit requirements, many lenders in small and rural communities are not required by law to comply with CRA or HMDA.

Since 1999 there has been more directed lender involvement in housing and community development due to the establishment of the Community Development Financial Institutions (CDFI) Fund. The U.S. Department of Treasury operates this program as well as the complementary Bank Enterprise Awards (BEA) Program and New Markets Tax Credit program. A CDFI is a specialized private institution that provides a wide range of financial products and services to underserved communities. CDFIs fill market niches that financial institutions are not well-positioned to serve, and include such diverse institutions as community development banks, credit union funds, venture capital funds, and micro-enterprise funds. The CDFI approach to community revitalization leverages substantial private and local resources and promotes self-sustaining CDFI organizations.

## **PR-15 Citizen Participation - 91.115, 91.300(c)**

### **1. Summary of citizen participation process/Efforts made to broaden citizen participation**

#### **Summarize citizen participation process and how it impacted goal-setting**

##### The Citizen Participation Plan

The State held one public hearing on Tuesday, May 26, 2015 at 1:30 P.M. It was presented via televideo conference at the following 3 locations: Illinois Housing Development Authority, 401 North Michigan Avenue-7th Floor, Chicago, Illinois; Department of Commerce and Economic Opportunity (DCEO)4th Floor Conference Room, 500 East Monroe, Springfield; and the Illinois State Regional Office Building-Conference Suite 106, 2309 West Main Street, Marion.

- A 2015 Public Notice was mailed to 35 statewide housing-related agencies or organizations, a number of which included announcement of same in a newsletter or mailing sent to their membership. Copies were sent to the members of the OHCS Advisory Committee and CDBG Entitlement Grantees.
- The Public Notice was published prior to the hearing in the following ten (10) newspapers: the *Champaign News Gazette*; the *Daily Southtown*; *Edwardsville Publishing Co.*; the *Kankakee Journal*; the *Macomb Journal*; the *Peoria Journal-Star*; the *Quincy Herald-Whig*; the *Rock Island Argus-The Dispatch*; and the *Springfield State Journal Register*.
- DCEO mailed notices of the public hearing to all CDAP-eligible units of general local government as well as to its mailing list of homeless assistance service provider agencies.
- DCEO carried out additional activities (e.g., application workshops) on the State CDBG Citizen Participation Plan.
- Approximately 30 hard copies of the draft Consolidated Plan Five-Year Plan/2015 Action Plan were sent to interested parties as requested. Electronic copies were sent to IHDA Board of Directors, the OHCS Advisory Committee, State Agencies Housing Committee, Illinois Housing Task Force, Affordable Housing Trust Fund Advisory Commission, Community Development Block Grant (CDBG) Entitlement grantees, Community Action Agencies, Regional Planning Commissions, Public Housing Authorities and other groups. The draft plan is also posted on IHDA's website at [www.ihda.org](http://www.ihda.org).
- The public comment period began May 8, 2015 and ended June 8, 2015.
- The public hearing was held via televideoconference during the 30-day public comments period in Chicago, Marion, and Springfield. The date for the hearing was also posted on IHDA's web-site.

- All notices and agendas clearly stated that each site was accessible for persons with disabilities. IHDA made reasonable efforts to accommodate persons with sight-and hearing-impaired disabilities, as well as for significant groups of Non-English speaking residents.
- 3 public comments letters were received during the public comments period.
- The development of both the Citizen Participation Plan and Consolidated Plan provided more than ample opportunity for the public to provide comments.
- All material comments made at the public hearing and in writing have been addressed.

### Citizen Participation Outreach

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (if applicable)
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Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (if applicable)
1	Public Hearing	Non-targeted/broad community	<p>The public hearing was a three-way televideo conference held Tuesday, May 26, 2015 in Chicago, Springfield, and Marion. The meeting began with a presentation on housing activities in the Consolidated Plan, an historical overview of the Consolidated Plan development process, a description of the Action Plan content, anticipated funding levels, and all major proposed changes to the four HUD formula grant programs (CDBG, HOME, ESG and HOPWA). The audience was then invited to provide testimony and comments.</p>	<p>Comments and discussion included the difficulty local non-profits statewide are having in building staff capacity to even apply for HOME-CHDO funding under the new HOME program rules; both staffing requirements and the need to convert new single-family housing construction to rental after six months have made the process much more prohibitive for organizations that would be interested in applying. Ms. Chan followed</p>	<p>Not Applicable. All comments were considered.</p>	

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<b>Sort Order</b>	<b>Mode of Outreach</b>	<b>Target of Outreach</b>	<b>Summary of response/attendance</b>	<b>Summary of comments received</b>	<b>Summary of comments not accepted and reasons</b>	<b>URL (if applicable)</b>
2	Newspaper Ad	Non-targeted/broad community	Generally, response to newspaper ads result in attendance at the public hearing, a written, letter response, or an email.	Not applicable	Not applicable	
3	Internet Outreach	Non-targeted/broad community	Information on the IHDA website at <a href="http://www.ihda.org">www.ihda.org</a> , the Department of Commerce and Economic Opportunity website at <a href="http://www.illinois.gov/dceo/Pages/default.aspx">www.illinois.gov/dceo/Pages/default.aspx</a> and the Department of Human Services at <a href="http://www.dhs.state.il.us/page.aspx?item=27893">www.dhs.state.il.us/page.aspx?item=27893</a>	Generally, response to Internet Outreach result in attendance at the public hearing, or a written, letter response or email.	Not applicable.	<a href="http://www.ihda.org/">http://www.ihda.org/</a>

Sort Order	Mode of Outreach	Target of Outreach	Summary of response/attendance	Summary of comments received	Summary of comments not accepted and reasons	URL (If applicable)
4	Public Meeting	Non-targeted/broad community	Quarterly Meeting of the Office of Housing Coordination Services (OHCS) Advisory Committee, providing a status update on Consolidated Plan activities under the four HUD formula grant programs.	Detailed minutes of the Quarterly Meetings of the Office of Housing Coordination (OHCS) Advisory Committee are distributed at the next scheduled meeting, and available from OHCS upon request	Not applicable. All comments were considered.	
5	Response to Public Comment Letters	Response to Correspondence	The State received three public comment letters. Copies of the original letters, and the responses to each, are included as an attachment to this document.	Copies of the three public comment letters received and the State response to each are included in their entirety as an attachment.	Not applicable. All comments were considered and addressed.	

**Table 4 – Citizen Participation Outreach**



# Needs Assessment

## NA-05 Overview

### Needs Assessment Overview

The Needs Assessment portion of this Plan will describe Illinois' housing conditions, certain populations' needs, and information about homeless and state programs to help provide housing to every person. Data tables were populated by HUD and use the U.S. Census' American Community Survey and the Comprehensive Housing Affordability Strategy (CHAS) 2007-2011 data sets.

Over 1.3 million people live with a disability in the State of Illinois. Over 1.4 million live in single-person households. With about 10% of the population consisting in each of these demographics they are statistics worthy of the State's agencies' attention. The most prevalent issue for households in Illinois today is housing cost burden: a significant portion of the population lives with over 30% and some over 50% of their household income going to housing costs.

This part of the Plan will also discuss housing needs for special populations, including veterans, victims of domestic violence, low-income people, and those at risk of homelessness. Current housing information and needs will also be expressed by race and ethnic group, as well as area median income. Details about Continuum of Care services, State agency and division programs, and public housing infrastructure are all provided to show where Illinois is succeeding in providing adequate housing for those in need, and where there may still be gaps in services.

The Needs Assessment portion of the Plan consists of the following sections:

NA-10: Housing Needs Assessment

NA-15: Disproportionately Greater Need - Housing Problems

NA-20: Disproportionately Greater Need - Severe Housing Problems

NA-25: Disproportionately Greater Need - Housing Cost Burdens

NA-30: Disproportionately Greater Need - Discussion

NA-40: Homelessness Assessment

NA-45: Non-Homeless Special Needs Assessment

NA-50: Non-Housing Community Development Needs

## NA-10 Housing Needs Assessment - 24 CFR 91.305 (a,b,c)

### Summary of Housing Needs

This section provides basic housing numbers and characteristics compared to the population's characteristics. It will provide information on household characteristics and income, household needs including cost-burden, and discussions of populations experiencing significant need for housing assistance, a significant number of housing problems, and significant rates of homelessness.

Based on FEMA Individual Assistance (IA) reports, approximately 1,725 owner-occupied homes and 3,061 rental units sustained “severe” or “major” physical damage from the 2013 declared "Sandy" disaster, as defined by HUD. These figures include only primary owner-occupied residences and year-round rental properties, not damage to seasonal rentals, vacation homes or secondary residences.

Demographics	Base Year: 2000	Most Recent Year: 2012	% Change
Population	12,419,293	12,823,860	3%
Households	4,592,740	4,774,275	4%
Median Income	\$46,590.00	\$56,853.00	22%

**Table 5 - Housing Needs Assessment Demographics**

**Data Source:** 2000 Census (Base Year), 2008-2012 ACS (Most Recent Year)

### Number of Households Table

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households *	609,325	551,535	773,150	472,915	2,367,355
Small Family Households *	186,020	172,875	275,085	191,035	1,268,970
Large Family Households *	51,620	51,035	82,185	50,535	227,400
Household contains at least one person 62-74 years of age	95,960	104,905	150,755	91,710	411,755
Household contains at least one person age 75 or older	89,730	124,825	123,275	52,000	145,230
Households with one or more children 6 years old or younger *	118,095	98,550	132,200	78,040	255,020
* the highest income category for these family types is >80% HAMFI					

**Table 6 - Total Households Table**

**Data Source:** 2008-2012 CHAS

### Number of Households Table definitions

A small family is defined as a family with two to four members. A large family is defined as a family with five or more members.

## Housing Needs Summary Tables

### 1. Housing Problems (Households with one of the listed needs)

	Renter					Owner				
	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total	0-30% AMI	>30- 50% AMI	>50- 80% AMI	>80- 100% AMI	Total
<b>NUMBER OF HOUSEHOLDS</b>										
Substandard Housing - Lacking complete plumbing or kitchen facilities	10,495	7,235	4,765	1,760	24,255	2,560	1,765	3,190	1,460	8,975
Severely Overcrowded - With >1.51 people per room (and complete kitchen and plumbing)	7,950	5,650	4,680	2,055	20,335	925	1,160	2,005	1,210	5,300
Overcrowded - With 1.01-1.5 people per room (and none of the above problems)	16,105	12,830	11,855	4,105	44,895	3,090	5,620	10,570	5,215	24,495
Housing cost burden greater than 50% of income (and none of the above problems)	244,445	79,075	16,980	2,260	342,760	121,795	99,190	93,705	29,415	344,105
Housing cost burden greater than 30% of income (and none of the above problems)	43,710	118,680	100,790	20,830	284,010	26,885	71,745	129,515	90,790	318,935

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Zero/negative Income (and none of the above problems)	43,945	0	0	0	43,945	19,480	0	0	0	19,480

**Table 7 – Housing Problems Table**

Data 2008-2012 CHAS

Source:

2. Housing Problems 2 (Households with one or more Severe Housing Problems: Lacks kitchen or complete plumbing, severe overcrowding, severe cost burden)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
<b>NUMBER OF HOUSEHOLDS</b>										
Having 1 or more of four housing problems	278,995	104,790	38,275	10,175	432,235	128,365	107,735	109,475	37,295	382,870
Having none of four housing problems	95,225	174,005	262,005	135,385	666,620	43,310	165,005	363,395	290,060	861,770
Household has negative income, but none of the other housing problems	43,945	0	0	0	43,945	19,480	0	0	0	19,480

**Table 8 – Housing Problems 2**

Data 2008-2012 CHAS

Source:

### 3. Cost Burden > 30%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	111,835	84,040	44,680	240,555	40,825	53,870	96,750	191,445
Large Related	31,530	19,495	8,050	59,075	13,360	20,420	34,305	68,085
Elderly	58,285	43,095	20,150	121,530	68,000	77,585	60,295	205,880
Other	115,780	69,640	49,930	235,350	31,755	25,165	40,770	97,690
Total need by income	317,430	216,270	122,810	656,510	153,940	177,040	232,120	563,100

**Table 9 – Cost Burden > 30%**

Data 2008-2012 CHAS  
Source:

### 4. Cost Burden > 50%

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
NUMBER OF HOUSEHOLDS								
Small Related	96,780	29,090	4,500	130,370	36,085	36,570	42,800	115,455
Large Related	26,270	5,850	490	32,610	11,830	14,290	12,090	38,210
Elderly	42,760	20,345	5,550	68,655	49,985	35,275	22,685	107,945
Other	102,485	29,025	7,460	138,970	28,285	16,665	18,625	63,575
Total need by income	268,295	84,310	18,000	370,605	126,185	102,800	96,200	325,185

**Table 10 – Cost Burden > 50%**

Data 2008-2012 CHAS  
Source:

### 5. Crowding (More than one person per room)

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
NUMBER OF HOUSEHOLDS										
Single family households	20,635	14,955	12,975	4,520	53,085	3,040	5,325	8,700	4,190	21,255

	Renter					Owner				
	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	>80-100% AMI	Total
Multiple, unrelated family households	2,755	2,880	2,990	1,325	9,950	980	1,500	3,985	2,225	8,690
Other, non-family households	1,230	935	930	390	3,485	50	20	65	50	185
Total need by income	24,620	18,770	16,895	6,235	66,520	4,070	6,845	12,750	6,465	30,130

**Table 11 – Crowding Information – 1/2**

Data Source: 2008-2012 CHAS

	Renter				Owner			
	0-30% AMI	>30-50% AMI	>50-80% AMI	Total	0-30% AMI	>30-50% AMI	>50-80% AMI	Total
Households with Children Present	0	0	0	0	0	0	0	0

**Table 12 – Crowding Information – 2/2**

Data Source:  
Comments:

**Describe the number and type of single person households in need of housing assistance.**

According to the 2007-2011 American Community Survey, single person households consist of almost 1.4 million people in the State of Illinois. Most of these households live in owner-occupied homes, at a little over 700,000. However, more than 650,000 live in rented housing. More of the rental housing is occupied by the younger demographic, ages 15 to 54. Yet, over 265,000 people ages 55 and over live in rental housing. Owner occupied single-person households are more evenly distributed by age. Over 238,000 are 15 to 54. More people 75 years and older live in owner-occupied households, with over 185,000, than ages 55 to 64 and 65 to 74.

**Estimate the number and type of families in need of housing assistance who are disabled or victims of domestic violence, dating violence, sexual assault and stalking.**

Disabled Population's Housing Need

According to the 2007-2011 American Community Survey, the State of Illinois has 1,327,536 people living with a disability. This constitutes approximately 10.5% of the total population. See Table "State of Illinois Population with a Disability" for the percentage of the State's total population that has specific disabilities.

These statistics show that there are several types of disabilities that housing must address, to provide adequate opportunities and services to all Illinois residents. According to the 2014 *Priced Out in Illinois* report by the Technical Assistance Collaborative (TAC), people with disabilities are currently unable to find affordable housing in the State of Illinois. On average, someone relying solely on Social Security Income (SSI), receives \$721 per month, which is about 18.1% of the statewide area median income. There are 173,206 people in this situation. With the average one-bedroom monthly rent equally \$797, their apartments cost 111% of their monthly income. Not one county TAC reported on was below 50% of this SSI payment. With affordable housing meant to cost no more than 33% of someone's income, the average one-bedroom apartment is immensely unaffordable at this time.

#### Domestic Violence and Sexual Abuse Victims' Housing Need

The Illinois Department of Human Services reports there are approximately 120,000 cases of domestic violence (DV) in Illinois each year. With the Coalition reporting the large majority of these cases being unable to stay in an emergency shelter, it is clear there is a dire need for more funding and resources related to housing for those that have experienced domestic violence.

The Illinois Criminal Justice Information Authority reports 53,161 DV victims received some kind of service(s) from a community-based, DV program. This includes 44,738 adults and 8,423 children. The adult victims included 20,394 victims of dating violence and 24,344 victims of DV. A total of 7,392 DV victims received 343,424 days of emergency and on and off-site shelter, 4,003 of which were adults and 3,389 were children. This yielded about 46.5 days of shelter per victim.

Out of all the DV victims, 619 received 135,733 days of transitional housing, averaging 219.3 days per victim. Those that received housing advocacy services totaled 2,312, receiving 8,700 contacts and 4,351 hours of services. Almost 10% of the 53,162 DV victims, or 5,211, indicated housing as a need at intake. This included 3,582 adults and 1,359 children. This suggests there are more DV victims that need housing than are receiving transitional housing or housing services. The intake form housing information is optional data which means this number could be higher.

A total of 8,592 victims were turned away from shelter due to lack of bed space. However, this number could have duplicate counting, as one DV victim is counted each time he or she requests services.

In CY14, 8,152 victims of sexual violence received services from an Illinois Coalition Against Sexual Assault (ICASA) member center. There is no available housing need data for these victims. Of these victims, 97.4% were victims of sexual assault or abuse, 0.6% were victims of stalking, and 2% were victims of sexual harassment or other forms of sexual violence.

## **What are the most common housing problems?**

The most common housing problems include: lacking complete plumbing or kitchen equipment; overcrowding; the housing cost burden is over the recommended 30% of income; and, households with negative income. Having housing cost greater than 50% of the household income is the most prevalent problem: over 300,000 people experience this problem regardless if they rent or own. A thirty percent cost burden is the second-most pressing issue for both household renters and owners. Substandard housing conditions, such as inadequate plumbing and kitchen infrastructure, is more than twice as prevalent in rental housing as it is in owned housing, with over 15,000 to over 8,000, comparatively. Severe overcrowding is the least prevalent problem in Illinois at fewer than 17,000 for rental housing and under 5,000 for owner-occupied housing. The higher the household income, the less likely people have a housing problem.

## **Are any populations/household types more affected than others by these problems?**

According to the 2007-2011 American Community Survey, single-family households are by far the most affected by overcrowding. They account for over 80% of households for rented housing and more than 72% for owner-occupied housing. Households in the 0-30% area median income (AMI) are most affected for rented housing and households in the 50-80% AMI bracket are most affected in owner-occupied housing. These same income brackets have a cost burden greater than 30% for housing costs as well, for renter and owner-occupied housing, respectively. The lowest income bracket, 0-30% AMI, has the biggest cost burden for both rented and owned housing when the cost burden is greater than 50% of total income.

## **Describe the characteristics and needs of Low-income individuals and families with children (especially extremely low-income) who are currently housed but are at imminent risk of either residing in shelters or becoming unsheltered 91.205(c)/91.305(c)). Also discuss the needs of formerly homeless families and individuals who are receiving rapid re-housing assistance and are nearing the termination of that assistance**

Children living in households with a high housing cost burden total to 1,080,000 in 2013. Those in low-income households with a high housing cost burden total 822,000 (according to Kids Count <http://datacenter.kidscount.org/> ).

Families fall into homelessness usually due to some unforeseen financial challenge, such as a death in the family, a lost job, or an unexpected bill, creating a situation where the family cannot maintain

housing. Homelessness among families is typically not a long-term experience but some families require more intensive assistance. One of the strategies for assisting families who have become homeless is rapid re-housing. The more quickly families can be directed to permanent housing, the more quickly their homelessness can be resolved and their lives can return to relative stability. Homelessness prevention assistance can be in the form of cash assistance, housing subsidies, and other services; this assistance can avert homelessness before it starts. Both types of assistance are targeted to persons at risk of homelessness, individuals and families with children, veterans and individuals with physical and mental health disabilities.

Continua of Care (CoCs) in Illinois are rather consistent in describing low-income individuals and families. Many cite issues with being un-insured or under-insured; a lack of financial insecurity; history and ongoing troubles with substance abuse; mental health issues; being a single parent; a lack of childcare; a lack of education and job skills; no support network; being unemployed or underemployed; and, being a domestic violence victim. At least one continuum mentioned people are at risk for each of these additional circumstances: if they are undocumented, living in extreme poverty, experiencing food insecurity, dealing with physical health issues, lack transportation, and if they have a criminal background. Many continuums also emphasize the need for more affordable housing, as many of their community residents are rent burdened. The continua do allude to ways to address these many needs. Several state they provide emergency fund assistance through rent or utility assistance. A few state they provide family and conflict mediation services; others say they provide trainings to improve on employable skills. At least one continuum lists these other services: Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP), legal aid, providing family self-sufficiency and life skill classes, and working with the local workforce investment agency (LWIA).

Many continua emphasize the need for more affordable housing through rental subsidies or rental assistance for those exiting Rapid Rehousing programs. These individuals and families may still need employment services or just do not have a high enough income to afford housing outside of the program. They still lack financial literacy, child care, and acceptable transportation options in some of these continuums. Some are still dealing with mental health issues as well. A few continua write about how these people in the program need temporary or longer-term housing stability services, such as rental assistance, food provisions, and home goods. The Central Illinois CoC states it no longer has a Rapid Rehousing program. St. Clair CoC has too new of a program to state its results. DeKalb CoC has a very small program so it simply uses it to provide temporary assistance before placing people in permanent supportive housing (PSH). Two other continua use this program to transition people into PSH as well.

**If a jurisdiction provides estimates of the at-risk population(s), it should also include a description of the operational definition of the at-risk group and the methodology used to generate the estimates:**

The State's twenty Continuum of Care agencies provided responses to this question. Sixteen of the twenty Continua of Care (CoCs) do not quantify their at-risk population. Cook County CoC estimates there are 6,500 persons that requested financial assistance to prevent homelessness. The Heart of Illinois Home CoC is developing a strategic plan to estimate or quantify its at-risk population. Lake County CoC acknowledges there are not enough facilities to treat those with mental or behavioral health facilities and 17.5% of its adult population experienced mental illness last year. Madison county states that 44% of the population surveyed in its 2014 PIT count stated they lived with family or friends; many of these people represent the calls to their homeless prevention program. McHenry CoC states that 47% of the community's homeowners and 55% of its renters are paying more than 30% of their income, which suggests much of the area's housing is not affordable.

According to HUD, unmet needs are financial resources necessary to recover from a disaster that are not satisfied by other public or private funding sources like FEMA Individual Assistance, SBA Disaster Loans, or private insurance, per HUD guidelines that an unmet needs analysis focus on the housing, economic and infrastructure sectors. The State's unmet needs extend beyond the housing, economic and infrastructure sectors. Illinois' recovery effort must focus not only on economic recovery, but also economic revitalization. Illinois also must provide critical health and social services to certain populations affected by flooding and tornados in 2013, protect municipalities from losing critical services as a result of the storm, and address environmental issues. CDBG-DR funds must begin to address these unmet needs as well. Although the State has an estimated \$77,872,306 in unmet infrastructure and community facility needs, there is an urgent need to expand the supply of affordable housing, to stimulate economic activity and to replace housing stock lost to the storms. The State is working diligently with the federal government to expedite additional funds, which could be used to address unmet infrastructure needs. The State is committed to affirmatively furthering fair housing through its housing programs, following all applicable federal and state statutes 3 Community Development Systems Disaster Recovery Grant Reporting System (DRGR) and regulations, and vigorously enforcing fair housing laws. As described above, the State will ensure that housing assistance relating to the recovery efforts are prioritized and allocated solely based on disaster-related need, without regard to race or ethnicity. Information relating to demographics of impacted communities will be utilized to ensure that assistance is accessible and reaches Illinois residents in need. In support, the State has worked closely with FEMA and statewide Long Term Recovery Groups to assist homeowners in the most impacted counties across the State. Key consideration was made on the geographic location of each group as to accommodate residents affected by the storms, ease of accessibility, projected number of persons served and the level of multilingual services recommended addressing the demographic needs as analyzed for the communities and counties. Illinois will require all replacement and new construction to meet green building standards by requiring compliance with ENERGY STAR<sup>®</sup>.

## **Specify particular housing characteristics that have been linked with instability and an increased risk of homelessness**

Many other factors, such as health, employment, education, familial structure, and racial disparity can be linked to instability and an increased risk of homelessness. Single mothers, compared to those that are cohabitating or married are more at risk . Being a single parent and having poor social support has increased family homelessness in the past quarter century. Domestic violence and relationship instability are also significant risks for housing instability . Having fewer education opportunities or a tendency towards substance abuse may increase the risk . Families with children may have housing instability due to racial disparity (over 50% of homeless children have non-Hispanic black mothers) or cycles of crisis due to health, violence, or poverty. Adults that experienced parental instability, inadequate family support, or poor care from a parent, increase their risk of housing instability and homelessness.

Veterans are not excluded from factors that increase risk of homelessness. Those that experience long-term homelessness are likely White with poor employment history, a mental and substance abuse disorder history, and weaker social support. According to the Continuum of Care responses, at least 3,120 veterans experience homeless each year. Over five hundred of those are counted as sheltered and about 680 are unsheltered, according to the continuums' most recent point-in-time counts.

Housing itself can lead to some of these characteristics that pose a risk of housing instability and homelessness. Unsafe housing stock can lead to depleting wealth resources and housing instability and homelessness itself. Yet, providing affordable housing options can help break this cycle. Having access to affordable housing (housing that costs less than 30% of the household's income) or a subsidy is a strong predictor of residential stability.

## **Discussion**

Access to affordable housing is a significant problem for many households in Illinois. Over 300,000 households in Illinois report paying more than 50% of their income on housing costs and this includes both renters and owners. Single-family households make up the bulk of these households. Persons with disabilities also experience significant cost burden because monthly SSI income roughly equals the median monthly rent for a 1-bedroom unit. Another problem is that a significant proportion of low-income renters reside in substandard housing and experience overcrowding. An expansion of rental assistance programs and affordable housing units can help address these problems.

## NA-15 Disproportionately Greater Need: Housing Problems - 91.305 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

### Introduction

Race and ethnic groups with disproportionately high incidence of housing problems (greater need) are discussed below. Disproportionately greater need exists when persons within an income category who are members of a particular racial or ethnic group experience need at a level at least 10 percentage points higher than the percentage of persons in the income category as a whole. Because whites dominate the State's population, they represent the largest numbers with housing problems, but these numbers represent a smaller percentage of that specific racial group as a whole.

The data in the 0% to 30% of Area Median income chart below indicates that 86.62% of all households at 0-30% of AMI have one or more of four housing problems. Thus, no ethnic group exhibits a disproportionately greater need than that of the income category as a whole.

In the 30-50% of AMI category, Asians, Pacific Islanders and Hispanics experience a disproportionately greater percentage of housing problems beyond the 70.32% that all groups at this income category experience as a whole. 84.38% of Asians in this income category have one or more housing problems, and 83.99% of Hispanics in this income category experience one or more housing problems. Pacific Islanders experience the highest incidence of housing problems at this income category, with 87.04% of this group having one or more housing problems.

In the 50-80% of AMI category, 56.22% of Asians and 60.61% of Hispanics experience housing problems. These are disproportionately greater incidences compared to the 45.00% of this income category as a whole that experience housing problems.

In the 80-100% of AMI category, 32.3% of all groups as a whole experience housing problems, while 46.53% of Hispanics and 49.46% of Asians experience housing problems at a disproportionately greater need.

### 0%-30% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	495,896	76,617	52,012
White	256,392	45,953	24,393
Black / African American	148,510	22,520	18,206
Asian	15,394	2,249	3,859

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
American Indian, Alaska Native	1,130	174	53
Pacific Islander	110	10	10
Hispanic	68,585	4,919	4,795

**Table 13 - Disproportionally Greater Need 0 - 30% AMI**

Data Source: 2008-2012 CHAS

\*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

### 30%-50% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	386,977	163,319	0
White	217,659	123,605	0
Black / African American	81,186	22,191	0
Asian	12,672	2,346	0
American Indian, Alaska Native	624	244	0
Pacific Islander	94	14	0
Hispanic	70,766	13,487	0

**Table 14 - Disproportionally Greater Need 30 - 50% AMI**

Data Source: 2008-2012 CHAS

\*The four housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than one person per room, 4. Cost Burden greater than 30%

### 50%-80% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	361,884	442,233	0

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
White	218,080	320,905	0
Black / African American	58,110	61,728	0
Asian	12,734	9,917	0
American Indian, Alaska Native	266	553	0
Pacific Islander	66	89	0
Hispanic	69,220	44,977	0

**Table 15 - Disproportionally Greater Need 50 - 80% AMI**

Data Source: 2008-2012 CHAS

\*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

### 80%-100% of Area Median Income

Housing Problems	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	163,420	341,906	0
White	106,989	257,502	0
Black / African American	19,564	41,623	0
Asian	7,904	8,077	0
American Indian, Alaska Native	94	692	0
Pacific Islander	35	240	0
Hispanic	27,205	31,258	0

**Table 16 - Disproportionally Greater Need 80 - 100% AMI**

Data Source: 2008-2012 CHAS

\*The four housing problems are:

1. Lacks complete kitchen facilities,
2. Lacks complete plumbing facilities,
3. More than one person per room,
4. Cost Burden greater than 30%

### Discussion

The data provided by HUD indicates that while the incidence of housing problems is closely correlated to income, some population groups in Illinois still have a disproportionately greater need than the population as a whole.

In the 30-50% of AMI category, Asians, Pacific Islanders and Hispanics experience a disproportionately greater percentage of housing problems than does this income category as a whole. In the 50-80% of AMI category, Asians and Hispanics experience disproportionately greater housing problems compared to this income category as a whole. In the 80-100% of AMI category, Both Asians and Hispanics experience housing problems at a rate than indicates disproportionately greater need than the population as a whole.

## **NA-20 Disproportionately Greater Need: Severe Housing Problems – 91.305(b)(2)**

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

### **Introduction**

In the 0%-30% of AMI category, groups as a whole experience severe housing problems at a rate of 72.23%. Within this category, Whites experience severe housing problems in this category at a rate of 68.79%; 73.81% of Blacks experience severe housing problems; 77.52% of Asians experience severe housing problems; American Indian/Alaska Natives experience is at 76.99%; Pacific Islander incidence is 37.5%, and Hispanic incidence of severe housing problems is 80.83%. No racial or ethnic groups exhibits greater need in this income category.

All racial and ethnic groups in the income category of 30%-50% as a whole experience severe housing problems at a rate 34.35%. 28.80% of Whites experience severe housing problems. 37.46% of Black/African Americans experience severe housing problems. Asians experience a disproportionately greater need at this income category, with 50.18% of Asians experiencing severe housing problems, as do Hispanics with 50.19% experiencing severe housing problems at this income category. American Indian/Alaska natives are at 42.23% and Pacific Islanders at 3.48%.

In the 50%-80% income category, 16.63% of all groups experience severe housing problems. 13.13% of Whites experience severe housing problems; 15.78% of Blacks experience severe housing problems, and 13.53% of American Indian/Alaska Native experience severe housing problems. Asians experience disproportionately greater need with 30.38% experiencing severe housing problems. 39% of Hispanics experience severe housing problems.

In the 80%-100% Income category, 9.05% of the category as a whole experience severe housing problems. 7.21% of Whites experience severe housing problems; 8.15% of Blacks experience severe housing problems; 11.64% of American Indian/Alaska Native experience severe housing problems. No Pacific Islanders experience severe housing problems in this category. 18.82% of Hispanics experience a disproportionate incidence of severe housing problems in this category.

### 0%-30% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	413,495	159,009	52,012
White	207,966	94,370	24,393
Black / African American	126,240	44,801	18,206
Asian	13,666	3,962	3,859
American Indian, Alaska Native	1,004	300	53
Pacific Islander	45	75	10
Hispanic	59,458	14,009	4,795

**Table 17 – Severe Housing Problems 0 - 30% AMI**

Data Source: 2008-2012 CHAS

\*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

### 30%-50% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	188,944	361,139	0
White	98,245	242,914	0
Black / African American	38,735	64,657	0
Asian	7,531	7,490	0
American Indian, Alaska Native	367	502	0
Pacific Islander	4	104	0
Hispanic	42,275	41,954	0

**Table 18 – Severe Housing Problems 30 - 50% AMI**

Data Source: 2008-2012 CHAS

\*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

### 50%-80% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	133,815	670,567	0
White	71,833	467,376	0
Black / African American	18,902	100,894	0
Asian	6,854	15,782	0
American Indian, Alaska Native	110	703	0
Pacific Islander	43	112	0
Hispanic	34,654	79,574	0

**Table 19 – Severe Housing Problems 50 - 80% AMI**

Data Source: 2008-2012 CHAS

\*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

### 80%-100% of Area Median Income

Severe Housing Problems*	Has one or more of four housing problems	Has none of the four housing problems	Household has no/negative income, but none of the other housing problems
Jurisdiction as a whole	45,701	459,574	0
White	26,368	338,275	0
Black / African American	4,992	56,215	0
Asian	3,044	12,918	0
American Indian, Alaska Native	32	754	0
Pacific Islander	0	275	0
Hispanic	11,010	47,475	0

**Table 20 – Severe Housing Problems 80 - 100% AMI**

Data Source: 2008-2012 CHAS

\*The four severe housing problems are:

1. Lacks complete kitchen facilities, 2. Lacks complete plumbing facilities, 3. More than 1.5 persons per room, 4. Cost Burden over 50%

### Discussion

While no specific population group in the 0% to 30% of AMI category experiences severe housing problems at a disproportionately greater rate (need) than the population as a whole, disparities occur in the higher income ranges. In the 30% to 50% of AMI category, Asians and Hispanics experience severe housing problems at the disproportionately greater rate of 50.18% and 50.19%, respectively, demonstrating a disproportionately greater need than the population as a whole in relation to the incidence of severe housing problems. In the 50% to 80% of AMI category, Hispanics experience severe housing problems at a disproportionate rate of 39%, while Asians experience severe housing problems at a rate of 30.38%. In the 80% to 100% in of AMI category, only Hispanics experience a disproportionately greater incidence of severe housing problems.

## NA-25 Disproportionately Greater Need: Housing Cost Burdens – 91.305 (b)(2)

Assess the need of any racial or ethnic group that has disproportionately greater need in comparison to the needs of that category of need as a whole.

### Introduction

Disproportionately greater need exists when persons within an income category who are members of a particular racial or ethnic group experience need at a level at least 10 percentage points higher than the percentage of persons in the income category as a whole. Because whites dominate the State's population, they represent the largest numbers with housing problems, but these numbers represent a smaller percentage of that specific racial group as a whole.

### Housing Cost Burden

Housing Cost Burden	<=30%	30-50%	>50%	No / negative income (not computed)
Jurisdiction as a whole	3,063,780	901,442	730,072	54,643
White	2,390,446	589,083	401,836	25,327
Black / African American	313,298	143,885	174,417	19,221
Asian	105,518	34,438	29,764	4,104
American Indian, Alaska Native	3,624	797	1,502	53
Pacific Islander	773	288	57	10
Hispanic	227,314	124,461	114,177	5,257

**Table 21 – Greater Need: Housing Cost Burdens AMI**

Data Source: 2008-2012 CHAS

### Discussion

See Below

## **NA-30 Disproportionately Greater Need: Discussion – 91.305 (b)(2)**

### **Are there any Income categories in which a racial or ethnic group has disproportionately greater need than the needs of that income category as a whole?**

Disproportionately greater need exists when persons within an income category who are members of a particular racial or ethnic group experience need at a level at least 10 percentage points higher than the percentage of persons in that income category as a whole. Within a particular income category, persons who are members of a particular racial or ethnic group would be considered experiencing a disproportionately greater need than the income category as a whole if that particular racial or ethnic group experienced need at a level at least 10 percentage points higher than the percentage of that particular income category as a whole.

### **If they have needs not identified above, what are those needs?**

Needs not identified above include housing rehabilitation assistance, homebuyer assistance, homebuyer education, new home construction, additional Housing Choice Voucher funding, additional public service funding, and additional job skills training/ local job development.

### **Are any of those racial or ethnic groups located in specific areas or neighborhoods in your community?**

Technical assistance is being requested from HUD to incorporate HUD's Statewide list of R/ECAP census tracts into this and future Consolidated Plan documents.

## NA-35 Public Housing – (Optional)

### Introduction

The State of Illinois, through IHDA, DCEO, DHS or otherwise, does not own or operate any public housing properties as a public housing authority. The Illinois Housing Development Authority has, however, had an increasing role in working with Public Housing Authorities and their non-profit subsidiaries in developing additional housing stock through redevelopment, acquisition/rehabilitation and new construction, and more recently with converting public housing to Section 8 Project-Based Rental Assistance under HUD Rental Assistance Demonstration (RAD) program.

### Totals in Use

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers in use	0	2,334	48,249	77,824	2,367	74,397	211	279	146

**Table 22 - Public Housing by Program Type**

**\*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition**

Data Source: PIC (PIH Information Center)

## Characteristics of Residents

	Program Type							
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher	
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program
# Homeless at admission	0	15	201	147	7	106	27	7
# of Elderly Program Participants (>62)	0	376	18,433	12,372	854	11,416	19	3
# of Disabled Families	0	721	10,140	18,745	614	17,781	98	40
# of Families requesting accessibility features	0	2,334	48,249	77,824	2,367	74,397	211	279
# of HIV/AIDS program participants	0	0	0	0	0	0	0	0
# of DV victims	0	0	0	0	0	0	0	0

**Table 23 – Characteristics of Public Housing Residents by Program Type**

Data Source: PIC (PIH Information Center)

## Race of Residents

Race	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers			Special Purpose Voucher		
				Total	Project - based	Tenant - based	Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
White	0	582	21,949	18,029	772	16,794	84	149	74
Black/African American	0	1,705	24,825	59,191	1,546	57,076	124	120	70
Asian	0	39	1,256	384	34	337	2	0	0

Program Type									
Race	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
American Indian/Alaska Native	0	2	149	168	12	145	0	7	2
Pacific Islander	0	6	70	52	3	45	1	3	0
Other	0	0	0	0	0	0	0	0	0
<b>*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition</b>									

**Table 24 – Race of Public Housing Residents by Program Type**

Data Source: PIC (PIH Information Center)

### Ethnicity of Residents

Program Type									
Ethnicity	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project - based	Tenant - based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
Hispanic	0	161	2,651	5,144	139	4,847	6	49	4
Not Hispanic	0	2,173	45,598	72,680	2,228	69,550	205	230	142
<b>*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition</b>									

**Table 25 – Ethnicity of Public Housing Residents by Program Type**

Data Source: PIC (PIH Information Center)

**Section 504 Needs Assessment: Describe the needs of public housing tenants and applicants on the waiting list for accessible units:**

Not available through HUD reporting process. IHDA/OHCS attempting to collect this data via PHA agency plan reviews for Consolidated Plan Certificates of Consistency, but IHDA is only authorized to do this for PHAs in non-CDBG Entitlement areas.

**What are the number and type of families on the waiting lists for public housing and section 8 tenant-based rental assistance? Based on the information above, and any other information available to the jurisdiction, what are the most immediate needs of residents of public housing and Housing Choice voucher holders?**

As the lead Consolidated Plan agency, IHDA renews PHA Agency Plans for non-entitlement areas of the State and attempts to voluntarily collect waiting list and inventory data on accessible units, also information which is not captured by HUD reporting or in the current PHA Agency Plan format.

**How do these needs compare to the housing needs of the population at large**

**Discussion:**

IHDA, as the State's housing finance agency, and other service provider agencies assist with meeting the housing needs of persons with disabilities and other special needs populations including the homeless, frail elderly, emancipated youth, veterans, victims of domestic violence, ex-offenders, and persons living with HIV/AIDS. State agencies and housing and services providers work jointly and within existing committees and advisory groups to gather information on the population, housing needs, and existing housing inventory available for all of these groups. Refer to the IHDA website to access the State's Long-Term Care Rebalancing Chart.

Activities include the State's major efforts in long-term care rebalancing, and discussions of the following: three court consent decrees; Money Follows the Person and Balance Incentive Program; State facilities closures; HUD Section 811 Program; State Referral Network; Public Housing Authority Preferencing; Supportive Living Facilities Program; Health and Housing; Home and Community Based Services Waiver; CMMS; Section 1115 Waiver; Illinois Interagency Council on Homeless; Special Populations; and Veterans.

**Public Housing Authority Preferencing**

HUD has approved a policy allowing Illinois Public Housing Authorities to establish preferences on their Public Housing and Housing Choice Voucher Waiting Lists for persons with disabilities to assist in complying with the Olmstead/ADA Supreme Court decision. PHAs are allowed to adopt a general preference for all persons with disabilities, as well as a remedial preference which specifically allows

them to provide preference to persons with disabilities, but whom are transitioning from one of the State-licensed facilities that are subject to one of the three court consent decrees (Williams, Colbert and Ligas) or are coming out of a closing State Operated Development Center or are Money Follows the Person participants.

#### HUD Section 811 Program

The State was awarded \$11.9 million by HUD to provide up to 732 project-based vouchers to persons with disabilities who are coming out of nursing homes and other institutional facilities to help them transition back into the community. IHDA will sign Rental Assistance Contracts with various developments statewide which will guarantee that units, as they become available, will be held open for occupation by persons from the State's priority populations.

Illinois (IHDA) received notice in March 2013 of an additional award of \$6.4 million in Section 811 funding to serve an additional 200 households.

## NA-40 Homeless Needs Assessment – 91.305(c)

### Introduction:

This section will address the characteristics and needs of the homeless population in Illinois. There is also a description of the activities of the Illinois Continuum of Care organizations which are the primary service providers to the State's homeless population.

Although FEMA reports indicated damage to over 4,800 homes included in the "Sandy" disaster, there is no indication of a continuing homeless need.

### Homeless Needs Assessment

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	475	4,004	13,156	7,895	6,058	4,349
Persons in Households with Only Children	8	101	327	265	153	302
Persons in Households with Only Adults	2,765	5,201	24,661	13,039	6,109	4,942
Chronically Homeless Individuals	988	774	6,342	2,553	1,821	1,662
Chronically Homeless Families	9	38	568	252	394	1,699
Veterans	505	687	3,120	1,812	1,194	1,938
Unaccompanied Child	40	434	647	391	253	1,164
Persons with HIV	9	150	447	191	191	795

**Table 26 - Homeless Needs Assessment**

**Data Source Comments:** These values only reflect the Continua of Care that provided data to the Illinois Housing Development Authority, according to their most recent Point-in-Time counts.

Indicate if the homeless population is: Partially Rural Homeless

**Rural Homeless Needs Assessment**

Population	Estimate the # of persons experiencing homelessness on a given night		Estimate the # experiencing homelessness each year	Estimate the # becoming homeless each year	Estimate the # exiting homelessness each year	Estimate the # of days persons experience homelessness
	Sheltered	Unsheltered				
Persons in Households with Adult(s) and Child(ren)	0	0	0	0	0	0
Persons in Households with Only Children	0	0	0	0	0	0
Persons in Households with Only Adults	0	0	0	0	0	0
Chronically Homeless Individuals	0	0	0	0	0	0
Chronically Homeless Families	0	0	0	0	0	0
Veterans	0	0	0	0	0	0
Unaccompanied Youth	0	0	0	0	0	0
Persons with HIV	0	0	0	0	0	0

**Table 27 - Homeless Needs Assessment**

**Data Source Comments:** These values only reflect the Continua of Care that provided data to the Illinois Housing Development Authority, according to their most recent Point-in-Time counts.

**For persons in rural areas who are homeless or at risk of homelessness, describe the nature and extent of unsheltered and sheltered homelessness with the jurisdiction:**

Only five Continuums of Care (CoCs) responded to this request. DeKalb CoC states most of its homeless are associated with Northern Illinois University or the project-based Section 8 housing development, making rural homeless a lesser-need population. Heartland CoC states most of its homeless population resides in Springfield but the CoC attempts to count out-of-place campers during its annual PIT count in January. Heart of Illinois Home CoC does not specifically track the rural homeless at this time. Madison CoC claims the rural homeless have a stronger support system so they do not seek services; the distance to services may also be a deterrent (30 or more miles away). West Central Illinois CoC says it is difficult to count the rural homeless as they are less exposed.

**If data is not available for the categories "number of persons becoming and exiting homelessness each year," and "number of days that persons experience homelessness," describe these categories for each homeless population type (including chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth):**

The twenty Continuums of Care (CoCs) work with a variety of state agencies, organizations, and programs across the state. The majority of continuums receive Emergency Shelter Grants (ESGs) from the Department of Human Services (DHS). Some use these funds to prevent homelessness, for things such as rental assistance, utility assistance, and mortgage assistance. Others use it to provide shelters for victims of domestic violence or for rapid rehousing programs. Several continuums work with DCEO through an ESG, the Community Services Block Grant (CSBG), or the Low Income Housing Energy Assistance (LIHEA) program. At least seven continuums note they focus on working with the chronically homeless; three with people that have mental health histories; three with victims of domestic violence, three with veterans; two with people that have substance abuse pasts; and at least one that works with people with HIV/AIDS, developmental disabilities, or that were formally incarcerated. At least one continuum each mentioned involvement with Public Housing Authorities (PHAs), the Department of Mental Health (DMH), the Department of Child and Family Services (DCFS), and the Department of Corrections. At least three stated they worked with their local VASH and SSVF programs. Continuums are also involved with national and more regional housing advocacy or policy organizations: at least one is involved with the state CoC Board, one with the Interagency Council on Homelessness (ICH), two with Housing Action Illinois, and one with Supportive Housing Providers Association (SHPA). Illinois' continuums work with a range of state agencies and other organizations to serve their target populations, whether it is to prevent homelessness or provide permanent supportive housing for unstable households.

**Nature and Extent of Homelessness: (Optional)**

<b>Race:</b>	<b>Sheltered:</b>	<b>Unsheltered (optional)</b>
White	1,004	3,369
Black or African American	1,723	5,793
Asian	12	91
American Indian or Alaska Native	18	32
Pacific Islander	6	16
<b>Ethnicity:</b>	<b>Sheltered:</b>	<b>Unsheltered (optional)</b>
Hispanic	694	1,242
Not Hispanic	4,691	5,272

**Data Source**  
**Comments:**

These values only reflect the Continua of Care that provided data to the Illinois Housing Development Authority, according to their most recent Point-in-Time counts.

**Estimate the number and type of families in need of housing assistance for families with children and the families of veterans.**

Families with children are the second largest group that need homelessness services, only surpassed by adult-only groups. Over 13,000 families with children experience homelessness each year. However, the number of days they are homeless is not nearly as high as smaller demographic groups, with about 4,300 days total that these families experience homelessness. About 10% of these families are not sheltered on a given night, which is a much lower percentage of unsheltered compared to adult-only groups, chronically homeless, or veterans.

Veterans are the fourth largest homeless population in Illinois, preceded by adults, families with children, and the chronically homeless. With only about 680 veterans sheltered each year, a little less than half are unsheltered, making this one of the most underserved groups in the State. The number of days veterans experience homelessness, at 1,938, is far greater per person than those that are in families with children or in the adult-only group.

These values only reflect the Continua of Care that provided data to the Illinois Housing Development Authority, according to their most recent Point-in-Time counts.

**Describe the Nature and Extent of Homelessness by Racial and Ethnic Group.**

African Americans represent the largest population of both sheltered and non-sheltered groups. Whites are second, followed by Hispanics, Asians, American Indians or Alaskan Natives, and Pacific Islanders. Non-Hispanics far surpass Hispanics in numbers. Thirty percent of both African Americans and Whites

are unsheltered. The highest unsheltered group, after Non-Hispanics, is American Indians or Alaskan Natives.

These values only reflect the Continua of Care that provided data to the Illinois Housing Development Authority, according to their most recent Point-in-Time counts.

### **Describe the Nature and Extent of Unsheltered and Sheltered Homelessness.**

Every homeless population the Homeless Needs table has more people sheltered in the most recent year compared to unsheltered except for the chronically homeless. Those unsheltered may not need shelter services to achieve housing stabilization. They may be rapidly rehoused or able to find temporary housing until more permanent housing is secured. However, having any unsheltered could suggest a dearth of services and a need for more resources to help every individual find the best situation given the person's unique circumstances.

### **Discussion:**

According to HUD, unmet needs are financial resources necessary to recover from a disaster that are not satisfied by other public or private funding sources like FEMA Individual Assistance, SBA Disaster Loans, or private insurance, per HUD guidelines that an unmet needs analysis focus on the housing, economic and infrastructure sectors. The State's unmet needs extend beyond the housing, economic and infrastructure sectors. Illinois' recovery effort must focus not only on economic recovery, but also economic revitalization. Illinois also must provide critical health and social services to certain populations affected by flooding and tornados in 2013, protect municipalities from losing critical services as a result of the storm, and address environmental issues. CDBG-DR funds must begin to address these unmet needs as well. Although the State has an estimated \$77,872,306 in unmet infrastructure and community facility needs, there is an urgent need to expand the supply of affordable housing, to stimulate economic activity and to replace housing stock lost to the storms. The State is working diligently with the federal government to expedite additional funds, which could be used to address unmet infrastructure needs. The State is committed to affirmatively furthering fair housing through its housing programs, following all applicable federal and state statutes 3 Community Development Systems Disaster Recovery Grant Reporting System (DRGR) and regulations, and vigorously enforcing fair housing laws. As described above, the State will ensure that housing assistance relating to the recovery efforts are prioritized and allocated solely based on disaster-related need, without regard to race or ethnicity. Information relating to demographics of impacted communities will be utilized to ensure that assistance is accessible and reaches Illinois residents in need. In support, the State has worked closely with FEMA and statewide Long Term Recovery Groups to assist homeowners in the most impacted counties across the State. Key consideration was made on the geographic location of each group as to accommodate residents affected by the storms, ease of accessibility, projected number of persons served and the level of multilingual services recommended addressing the demographic needs as analyzed for the communities and counties. Illinois will require all replacement and new construction to meet green building standards by requiring compliance with ENERGY STAR®.

## NA-45 Non-Homeless Special Needs Assessment – 91.305 (b,d)

### Introduction

The HOPWA program provides grants to local communities, states and non-profit organizations to benefit low-income HIV positive clients and their families. HOPWA funds may be used for a wide range of housing, social services, program planning, and development costs. These may include, but are not limited to, emergency housing, short term rental assistance, mortgage assistance, short term utility assistance, housing information and resource identification services, project and tenant based rental assistance, and emergency repairs and operating costs for housing. HOPWA funds may be used also to provide supportive services, such as health care, mental health services, chemical dependency treatment, nutritional services, case management, assistance with daily living, and other services for individuals living with AIDS.

HOPWA grantees are encouraged to develop community-wide strategies through forming partnerships with area non-profits to provide housing assistance and supportive services for eligible persons. HOPWA grantees are urged to require eligible clients to access mainstream entitlement housing and utility assistance programs before accessing HOPWA funds. HOPWA funds have assisted clients in finding safe, decent, affordable housing, and provided resources that help them prosper within the community. Rental assistance has relieved the financial burden of individuals finding themselves in economic crisis.

Programs run by other State agencies and divisions are described in the text boxes labeled "People Served by Other State Agencies." Please see the image labeled "Long Term Care Reform Chart" below to find information about Illinois' compliance with state consent decrees and the Money Follows the Person (MFP) program, as of June, 2015.

### HOPWA

<b>Current HOPWA formula use:</b>	
Cumulative cases of AIDS reported	2,774
Area incidence of AIDS	164
Rate per population	6
Number of new cases prior year (3 years of data)	551
Rate per population (3 years of data)	20
<b>Current HIV surveillance data:</b>	
Number of Persons living with HIV (PLWH)	3,492
Area Prevalence (PLWH per population)	700
Number of new HIV cases reported last year	706

**Table 28 – HOPWA Data**

**Alternate Data Source Name:**

IDPH HIV/AIDS data as of December 2014

**Data Source Comments:**

### **People Served by Other State Agencies (DoA)**

The Illinois Department on Aging (DoA) has helped secure supportive housing services for 839 people as of June 30, 2015, that are part of the Colbert Consent Decree. This involves moving people out of nursing homes into community-based housing and services. DoA also has a Nursing Home Deflection program that services people with health and other supportive services, including housing coordination, in several pilot projects.

The DoA's Comprehensive Care in Residential Settings (CCRS), formerly the Community Based Residential Facility Program demonstration program, originated in fiscal year 1997. The CCRSs provide housing with assisted living services for underserved low- and moderate-income seniors. The Illinois Department on Aging provides reimbursement for the cost of some of the supportive services received by Community Care Program clients residing in CCRSs. Six facilities currently participate in this program all of the facilities are licensed under the Assisted Living and Shared Housing Act. IHDA has funded four properties under this program and has converted one floor of an independent living building into a CCRS floor.

The DoA's Community Cares Program (CCP) contracts with care coordination agencies, in-home service providers, adult day service providers and emergency home response service providers to meet the needs of persons over age 60 who would qualify for a nursing home admission but prefer to remain in the community. Approximately 43% of program expenditures, for clients who are Medicaid eligible, are reimbursed to the State by the Federal government under the terms of a Home and Community-based Services Waiver. Through this program, the DoA provides in-home and community-based services to eligible seniors aged 60 and older. The program is comprised of four core services: care coordination, in-home care aides, emergency home response services and adult care services programs. Through its statewide network of local service providers, DoA provides a range of services to low-income renter and owner households. The objective is to help elderly individuals maintain their residences and to avoid premature institutionalized housing such as nursing homes.

### **People Served by Other State Agencies (DD, DRS, DASA)**

In FY14, approximately 5,875 adults with developmental disabilities received Home-Based Services from Illinois Department of Human Services (DHS). HBS Program participants either live on their own, with a roommate or with other family members. The most common living arrangement is to live with a family member, usually a parent(s) or sibling, aunt or uncle. Adults with developmental disabilities (DD) qualify for Social Security benefits and therefore are on fixed incomes. Some work and are able to earn wages but not to a significant degree. In many cases, the other family members in the household are elderly or

disabled themselves and therefore are also on fixed incomes. There is a need for affordable housing for the target population served by our programs. Remaining in the community and family home prevents institutional placement, the ultimate goal of our programs.

DHS's Division on Disability and Rehabilitation Services (DRS) presently does not collect any data related to housing needs in its Housing Services Program (HSP). The DHS HSP program provides in home supports to 26,372 persons.

DHS Division on Alcohol and Substance Abuse (DASA) provides a majority of its services in an outpatient format. DASA did serve 12,750 people in its residential high-need services, 1,270 people in halfway homes, and 2,493 people in recovery homes in FY 2014. More detailed information is provided by DASA's licensed providers on the local level; these providers may also have information about their connections with local housing providers.

#### **People Served by Other State Agencies (DMH, part 1)**

The IDHS Division of Mental Health currently funds an array of core mental health services that can be described as 'support' to supportive housing. Table C-10 shows the number of persons with diagnosed with mental illness that are served in various non-permanent supportive housing settings. The types of settings are defined below.

#### **Table III-Q: Number of Persons with Mental Illness Served by Various Housing (non-permanent)/Residential Facilities**

In fiscal year 2014 the Illinois statewide Psychiatric Hospital system served 8234 unduplicated people, with a total of 7294 admissions. A significant number of individuals discharged from inpatient hospitalization could potentially benefit from supportive housing options.

#### **People Served by Other State Agencies (DMH, part 2)**

Although DMH currently has no existing methodology for measuring exactly how many individuals with mental illness requires supportive housing on a statewide basis, there has been a wealth of information shared with DMH on this subject. There have been an array of forums (consumers and service providers) to discuss housing needs in certain geographic areas of the state; there have been specific requests by service providers and interest groups outlining the needs within their communities and

information channeled from Continuums of Care and Housing Authorities that target general housing need issues. From these statewide resources and credible feedback it is generally accepted that a conservative targeted need for supportive housing in Illinois (for individuals with diagnosed mental illness) would be approximately 1,600 additional supportive housing options. These options would benefit serving consumers who have mental illness in the least restrictive, recovery oriented, naturalized settings.

Major Events in Long Term Care Reform and Related Housing Needs (June, 2015)						
Impetus (Lead Agency)	Description	Populations Affected	Geography Affected	ES/CR Community - Based Housing	Overall Goals	Status/Revised Goals
Money Follows the Person (MFP) (DHHS)	Federal program providing enhanced Medicaid match for first year of community-based residential support transitions of seniors and persons with disabilities out of institutions and into eligible community-based settings.	Persons with Mental Illness (MI), Developmental Disabilities (DD), Physical Disabilities (PD), and the Elderly currently living in Medical/Respite assisted facilities.	Statewide	Scattered site supportive housing; managed site supportive housing; supportive living facilities (SLFs); group homes of four beds or less in S-CILAs.	Began through FY 2014 - includes actual transitions for 2009, 2010, 2011, 2012, 2013, 2014; MI: 498; DD: 490; PD: 960; Elderly: 489; Coherent LIES: Total 3,188 transitioned by end of 2014. (Note: includes eligible transitions from Coherent, LIGA and Facilities courses. Illinois MFP has also prepared a Sustainability Plan to continue the program after its OIG funding is completed.	Since MFP transitions began in 2009, 1,942 individuals have been transitioned as of 6/30/2015. (MI: 269, DD: 269, PD: 388, Elderly: 332, Coherent: 809.) OIG's <a href="#">2014 Report on Implementation</a> : MI/44/45, DD/11/11, PD/7/47, Elderly/54/28, Coherent/30/388 <a href="#">2014 Sustainability Plan</a> : MI/44/12, DD/40/47, PD/64/23, Elderly/40/21, Coherent/21/132 (Note: State has a goal for 85% of Coherent transitions to be MFP enrollees. OIG goals include eligible LIGA & State facilities transitions that move to a MFP qualified residential setting (group home or smaller CILA).
Liga v. Hanco Consent Decree* (DHS-DOJ)	State found in violation of Title II of ADA, and Title III of Social Security Act for not appropriately housing persons with disabilities in least restrictive settings. Consent decree includes required transition goals for housing and services.	Residents living in Private Intermediate Care Facilities for the Developmentally Disabled (ICF/IID)s of 8 beds or more and persons on a PUNB waiting list for services. Persons must request community-based services or community-based placement to be considered part of Class.	Statewide	Community housing of no more than 8 beds in S-CILAs, ICF/IID, CILAs to be a beds or less to qualify for MFP enhanced match.	Offer community-based services or placement to 3,000 persons with DD currently living at home that are on the PUNB waiting list. Over a 6 year period (1,000 people to the end of Year 2, an additional 800 people each subsequent year). The goal of transitioning 300 class members (transition of 800 cases 80% by 12/31/13, has already been met. Transition second third of class by 12/31/15 (300); transition final third by 12/31/17 (300).	As of 6/01/2015, 2,308 people have been served from the PUNB waiting list. As of 6/01/2015, 1,148 class members have had services indicated from the ICF/IID list. This list is based on PAL/SSA activity through the month of May; it does not include new class members during the month of May. The Liga Defense has made initial contact with every class member at this time.
Williams v. Quinn Consent Decree* (DHS-DH)	State found in violation of Title II of ADA, Section 504 of Rehab Act, and Title III of Social Security Act for not appropriately housing persons with disabilities in least restrictive settings. Consent decree includes required transition goals.	Residents living in (non-medical) institutes for Mental Disease (IMDs)	Statewide, although CO of 24 IMDs are in Chicago (metropolitan area) and Cook County)	Scattered site supportive housing; managed site supportive housing; supportive living facilities (SLFs); other appropriate supported or supervised residential setting.	Initially evaluate 100% of cases (roughly 4,500 persons) within 2 years; re-evaluate annually beginning in Year 2. Transition 258 persons Year 1 (July 2011-June 2012); 840 persons Year 2 (cumulative, 532 persons Year 2 (cumulative), 1,308 Year 4 (cumulative).	The State reached and exceeded the Year One goal of 258, transitioning 262. The State met and exceeded the Year Two cumulative goal of 840, transitioning 842. The State met and exceeded the Year Three goal of 832, transitioning at least 1,100 (the number transitioned as of 10/1/2014). As of June 2015, the State has met 98.6% of its Year 4 cumulative goal of 1,308, with 1,304 transitions. The program five-year plan ends in 2016.
Coherent v. Quinn Consent Decree* (DHHS)	State found in violation of Title II of ADA, Section 504 of Rehab Act and Social Security Act for not appropriately housing persons with disabilities in least restrictive settings. Consent decree includes required transition goals for housing and services.	Residents with disabilities living in Skilled Nursing Facilities (SNFs) in Cook County	Cook County (only)	Scattered site supportive housing; managed site supportive housing; supportive living facilities (SLFs); other appropriate supported or supervised residential setting.	Transition 300 by 11/8/13; transition additional 300 by 11/8/14; transition additional 300 by 5/8/15 for a total of 1,000 transitions. Year one goal was not met therefore second year goal was to transition 800 by 11/8/2014. The year two goal not met, 1,100 by 5/8/2015 (Year 2).	Implementation Plan approved by Judge on November 8, 2012. Evaluations began February 2013. As of December, 2013, 84 cases members has transitioned. Year 1 transition goal of 300 by 11/8/2013 was not met, therefore Year 2 transition goal is now 800 by 11/8/2014. That goal was also not met, with only 807 transitioned in Year 2. Department of Aging has taken over as the lead agency. As of May 2015, 784 have transitioned. This means Year 3 goals have also not been met at this time. However, a total of 6,753 have reached initial contact, of which 4,128 have been referred for evaluation. A total of 1,304 have been recommended for transition as of May 2015.
Facilities Closures (Governor's Office / DHS)	Governor Quinn moved to close several State operated facilities not only as cost savings measure, but also in the case of BDDC's to provide housing for persons with disabilities in the least restrictive settings. Consent decree includes required transition goals.	Residents of Jacksonville Developmental Center and Murray Developmental Center	Murray Developmental Center (Central)	ICF/IID; CILAs	Jacksonville Developmental Center closed on 11/21/2012; Murray was scheduled for closure in 2013, but a lawsuit by advocates wishing to keep Murray open was made against the State of Illinois, halting its closure until further notice.	In June of 2014, a federal judge in Chicago ruled that the state can close the Murray Developmental Center in Centralia. No specific closure date has been identified, however, in July, a letter was sent to parents and guardians informing them of their options and asking them to consider possibilities for their family members. After the gubernatorial elections in November 2014, Governor Rauner announced in April 2015, that he would keep the center open until residents' needs could be met in the community. As of 2/1/2015, 229 people still live at the Murray Development Center.
Potential Housing and Services Resources	All of the programs and consent decrees rely on the following housing resources: Low Income Housing Tax Credits (10% set-aside); HOME Affordable Housing Trust Fund; Community Development Block Grant (CILA); Bridge Rental Subsidy (Williams and Coherent class members only); Rental Housing Support Program-Land Farm Operating Support; HUD Section 811 Rental Assistance Demonstration (IMDs applicant); PHA-administered Housing Choice Voucher; PHA-administered Project-Based Voucher; and private housing resources, where appropriate. State has equated CILA reimbursement rate to make group homes of 4 beds or less more financially feasible to operate, but needs increased funding.					

In *Onyiah v. I.L.C.* (1999), the U.S. Supreme Court held that unreasonable institutionalization of people with disabilities is discrimination under the Americans with Disabilities Act (ADA). The decision also held that people with disabilities have the right to receive services in the least restrictive living environment. Based on this decision, three lawsuits were brought against the State of Illinois that may impact deinstitutionalization and reallocation of long-term care housing and services for development and rental assistance resources throughout the state. IMHA is a non-audited party to the lawsuits, but is making financial and technical assistance resources available to help meet the identified housing needs.

### Long Term Care Reform Chart

### HIV Housing Need (HOPWA Grantees Only)

Type of HOPWA Assistance	Estimates of Unmet Need
Tenant based rental assistance	15
Short-term Rent, Mortgage, and Utility	315
Facility Based Housing (Permanent, short-term or transitional)	60

Table 29 – HIV Housing Need

Alternate Data Source Name:  
IDPH HIV/AIDS data as of December 2014

Data Source Comments: Estimates based on prior years served.

## **Characteristics of Special Needs Populations Continued (DoA)**

Those being served in the Illinois Department on Aging's (DoA's) programs are older Illinois residents that may have a variety of physical and mental health conditions. These conditions can range from wheelchair access, to medication management or a full-time care assistant.

The Illinois Department of Aging FY 2013-2015 State Plan on Aging recognizes that the population of older persons will continue to grow and live longer. In addition to the growth of the older population, 2010 US Census for Illinois revealed that the population of older adults is increasingly becoming more linguistically and culturally diverse. An example of this can be shown by the number of different languages spoken in the Illinois Department on Aging Community Care Program.

Frail elderly: The population age 85 and older is currently the fastest growing segment of the older population. The size of this age group is important for the future of the long term care system because these individuals tend to be in poorer health and require more services than the young elderly. In 2000, 192,346 of the 60+ population in Illinois was age 85+. In 2010, it increased to 234,912. In 2030, it is projected to be 402,311, which is an increase of 109% (Illinois Department of Commerce and Economic Opportunity, 2012). With the demographic boom, the need for in-home assistance (e.g., homemaker, adult day service, home delivered meals and emergency home response) will dramatically increase.

The DoA's Community Cares Program assists elderly homeowners and renters.

### **Table III-M: Number of residents served by the Comprehensive Care in Residential Settings Program**

## **Characteristics of Special Needs Populations Continued (DD, DRS, DMH)**

The Division of Developmental Disabilities serves individuals who have cognitive disabilities. Some also have physical disabilities and other conditions that impact their ability to live independently.

DHS-DRS's HSP program cares for persons whose impairment and needs are significant enough to warrant the need for institutionalization. To be eligible, customer must be residing in some type of residential home or home-like setting. Many customers remain in inaccessible housing that is not conducive to independent living or easy access. They reside in these inaccessible properties because of the lack of available, accessible, and affordable housing elsewhere.

The DHS Department of Mental Health (DMH) division estimates the following numbers for non-institutionalized persons aged five years or older with mental disabilities in the State of Illinois:

In many cases individuals that are served in DMH Supervised or Supported Residential settings and supportive housing options utilize a portion of their public entitlements (SSI, SSDI, and rental subsidies like Section 8 Housing Choice Vouchers) to cover rental costs or partial rental payments. For example, a DMH provider agency that leases a cluster of apartments to serve consumers requiring 24 hour staff residential services - the consumers would utilize a portion of their public entitlements to offset rental cost. The DMH provider agency is responsible for the provision of support services (provided by professional and trained mental health staff) to these residents within the context of the DMH residential program description and subsequent Rules. It is widely known that many consumers who are independently housed in their own apartments may have to utilize the entirety of their public entitlement to cover rental cost. In many instances they will not have enough remaining money to meet basic necessities for subsistence. This is a situation all too common to the special needs population and to those attempting to move toward independence through the recovery process.

### **Characteristics of Special Needs Populations Continued (DASA)**

DASA's programs service 59.4% Whites, 33.2% Blacks, with the remaining 7.4% other races. The following table describes client outcomes based on National Outcome Measures for clients that used residential high-need services (III.5), halfway homes (III.1), and recovery homes.

Despite these populations provided with housing services, a larger majority are served in outpatient services. A total of 45,860 people were served in FY 2014.

### **Housing and Supportive Needs Continued (DoA)**

The Illinois Department on Aging (DoA) has populations that require them to live in a supportive housing atmosphere, where they have access to community resources in a centralized service center or at-home care. However, that does not mean every person needs to be in a nursing home. The Colbert consent decree, Nursing Home Deflection Program, Comprehensive Care in Residential Settings program, and Community Care Program use housing coordination services to find existing resources in the community and funding to create housing in order to locate target populations in the most ideal, inclusive, and normal housing setting possible.

Some individuals in the DHS DD program have limited mobility and require ramps and other accessibility modifications to the home and vehicle to maximize their independence. The HBS program provides one-time funding for minor home and vehicle modifications to allow the individual to remain in the home and avoid out-of-home placement. Local case managers conduct needs assessments to determine what services will be provided.

The DHS DRS division's HSP program coordinates care for persons whose impairment and needs are significant enough to warrant the need for institutionalization, or in our case, a Home and community based Services Waiver that allows them to remain in their homes. This program is available statewide, in all 102 Illinois counties. To be eligible, customer must be residing in some type of residential home or home-like setting. With that said, while DRS does not have specific data to support particular findings, many customers remain in inaccessible housing that is not conducive to independent living or easy access. They reside in these inaccessible properties because of the lack of available, accessible, and affordable housing elsewhere.

DMH has wide array of services described in MA-35. DMH Supervised or Supported Residential settings and supportive housing options always include the provision of "support services" within the cost models. Supportive housing expansion developed for individuals with serious and persistent mental illness requires that "support services" are available to address the services and treatment needs for this population. Without adequate coordination and provision of "support services" any housing development that targets a special needs population will be insufficient and under developed by design.

As shown in the table of people served under DASA's programs, very few of its clients that are in temporary housing have stable housing conditions: 23.1% of clients in high-need residential services, 3.9% in halfway houses, and 20% in recovery homes, respectively.

**Describe the characteristics of special needs populations in your community:**

Of the total persons served with HOPWA funds, approximately 2 percent were between the ages of 13 to 24, 33 percent were 25 to 44 years of age, 60 percent were between the ages of 45 to 64 years of age, and 5 percent were 65 or older. 50 percent were White, 40 percent were African-American, 5 percent were Hispanic, 1 percent were Native American or Alaskan Native and 4 percent were listed as Multi-Racial. Of the individuals served 67 percent were male and 32 percent were female.

**What are the housing and supportive service needs of these populations and how are these needs determined?**

Every three years the Department's Ryan White HIV Care Connect Regions send out a client survey to determine the housing and supportive services needs of this population. Lack of available housing and decreasing financial support to sustain housing are challenges for people living with HIV/AIDS in the Illinois HIV Care Connect Region. In the lower 17 counties of the state, there are little to no available affordable housing options, and available housing options are often of poor quality. Those most in need of housing are usually low income and formerly incarcerated individuals. Many housing providers refuse to rent to individuals with a history of felony convictions.

The shortage of affordable housing for low-income and homeless persons in the sothern and rural areas in Illinois is compounded when individuals are also living with HIV/AIDS. Some of the issues that impact the ability of people living with HIV/AIDS to secure stable housing situations are travel costs and lack of local public transportation in rural areas in Illinois. Much of the region in Southern Illinois and East Central is rural. The Central Illinois region has seen the HIV/AIDS epidemic growing among traditionally under served and hard-to-reach populations. Housing is limited and often substandard, and limited in the availability of community resources. HOPWA funds have been a stronghold in maintaining affordable housing.

**Discuss the size and characteristics of the population with HIV/AIDS and their families within the Eligible Metropolitan Statistical Area:**

The number of AIDS cases in Illinois is one of the highest in the nation. A total of 37,044 people had been diagnosed with living with HIV/AIDS. In the State of Illinois HOPWA jurisdictional area 6,755 people are currently living with HIV/AIDS.

**Discussion:**

The co-administration of HOPWA and Ryan White funding at IDPH has allowed for better coordination in program planning, new program development, and fund allocation to various activities. The Department has worked with its Part B advisory group to ensure that funding aligns to meet the needs of persons living with AIDS The Part B Advisory group is constantly responding to meet rising needs. Though the primary focus of Part B funds address healthcare needs and related support services, funds have been used to address and supplement the housing needs of persons living with HIV/AIDS in this State. Needs assessment activities are followed by priority setting and resource allocation. IDPH hosts mini-forums across the state for people living with HIV/AIDS and provider agencies to identify and address issues related to clients' needs. Topics include barriers to housing, homelessness, and emerging trends that impact people living with HIV/AIDS.

Other programs' details are provided in the text boxes above.

## **NA-50 Non-Housing Community Development Needs - 91.315 (f)**

### **Describe the jurisdiction's need for Public Facilities:**

N/A to CDAP

### **How were these needs determined?**

### **Describe the jurisdiction's need for Public Improvements:**

According to a USEPA assessment, Illinois has the 6th highest need in the nation for waste water infrastructure improvements and the 4th highest need in the nation for drinking water infrastructure improvements. It is estimated that Illinois must invest \$32 billion in its water infrastructure – \$17 billion in waste water projects and \$15 billion in drinking water projects – over the next 20 years to meet this need. Additionally, total requests for CDAP Public Infrastructure (PI) program funding in the last 10 years have typically equaled two to three times the amount of grant funds available in a particular year. In 2013, the demand for funds was four times the funding available, while in 2014, the demand was more than five times the funding available for the CDAP-PI program. This demand, in excess of funding available has been consistent for more than 10 years, signifying the importance of funds to support public infrastructure projects in Illinois. This trend will likely continue indefinitely as local communities struggle to find funding and maintain revenues for these and other projects.

For the 2013 Sandy Disaster program, the extent of the unmet need in Illinois' infrastructure is calculated as: a) the cost of repairing storm-induced damage minus the amount eligible for FEMA assistance plus the 25% local match; and b) the cost of implementing hazard mitigation as reported by state agencies as of March 4, 2014. According to this analysis, Illinois infrastructure currently has an unmet need of \$19,658,617.

Based on the number of applications received in the last three years, the need for public infrastructure assistance tied to economic development has decreased.

### **How were these needs determined?**

The following summarizes the requests for public infrastructure funding against the funds available for the past ten years:

- 2004 -DCEO received 222 applications, totaling \$60 million for the \$19,110,620 allocated
- 2005 -DCEO received 229 applications, totaling \$60 million for \$18,000,000 allocated

- 2006 -DCEO received 199 applications were received, totaling \$50.3 million for the \$16,383,447 allocated
- 2007\*-DCEO received 111 applications, totaling \$143.8 million for the \$25,434,764 allocated
- 2008 -DCEO received 72 applications, totaling \$23.1 million for the \$14,320,329 allocated
- 2009 -DCEO received 86 applications, totaling \$28.2 million for the \$11,701,693 allocated
- 2010 -DCEO received 95 applications, totaling \$28.49 million for the \$12,183,981 allocated
- 2011 -DCEO received 101 applications, requesting \$31.66 million for the \$12,500,000 allocated
- 2012 -DCEO received 82 applications, requesting \$28 million for the \$7,445,284 allocated
- 2013 -DCEO received 105 applications, requesting \$39 million for the \$9,029,161 allocated
- 2014 -DCEO received 160 applications, requesting \$59.9 million for the \$11,000,000 allocated

Clearly, there is a need for increased public investment in community infrastructure. A host of analytical studies support the fact that long-term commitments to infrastructure reap major returns in increased productivity and competitiveness, short-term and long-term job creation and an enhanced living standard.

\* Following the 2007 program year, data shown only includes construction grants.

**Describe the jurisdiction’s need for Public Services:**

N/A for CDAP

**How were these needs determined?**

# Housing Market Analysis

## MA-05 Overview

### Housing Market Analysis Overview:

The Housing Market Analysis section provides information on the affordability and condition of the housing market in Illinois. Data tables were populated by HUD and use the U.S. Census' American Community Survey and the Comprehensive Housing Affordability Strategy (CHAS) 2007-2011 data sets. Data show the state has more than 5 million housing units, the majority of which are homeownership units, with the majority of the state's housing stock built before 1980. With the majority of the housing units being constructed prior to 1980, there is a great risk for lead based paint hazards. Concerning affordability, the median home value in Illinois increased 55 percent in the last decade. The median contract rent also increased by 39 percent. As the housing market continues to grow at a rate that outpaces that of wages, cost burdens will continue to be a concern.

The following sections will be covered in the Housing Market Analysis:

- MA-10 Number of Housing Units
- MA-15 Cost of Housing
- MA-20 Condition of Housing
- MA-25 Public and Assisted Housing
- MA-30 Homeless Facilities
- MA-35 Special Needs Facilities and Services
- MA-40 Barriers to Affordable Housing
- MA-45 Non-Housing Community Development Assets
- MA-50 Needs and Market Analysis Discussion

## MA-10 Number of Housing Units – 91.310(a)

### Introduction

The tables below show 2007 - 2011 estimates of the number and type of housing units in Illinois and the size of those units in terms of bedrooms.

### All residential properties by number of units

Property Type	Number	%
1-unit detached structure	3,098,191	59%
1-unit, attached structure	311,172	6%
2-4 units	670,498	13%
5-19 units	538,532	10%
20 or more units	533,453	10%
Mobile Home, boat, RV, van, etc	141,773	3%
<b>Total</b>	<b>5,293,619</b>	<b>100%</b>

Table 30 – Residential Properties by Unit Number

Data Source: 2008-2012 ACS

### Unit Size by Tenure

	Owners		Renters	
	Number	%	Number	%
No bedroom	10,085	0%	94,312	6%
1 bedroom	99,254	3%	422,998	28%
2 bedrooms	736,366	23%	602,159	39%
3 or more bedrooms	2,402,816	74%	406,285	27%
<b>Total</b>	<b>3,248,521</b>	<b>100%</b>	<b>1,525,754</b>	<b>100%</b>

Table 31 – Unit Size by Tenure

Data Source: 2008-2012 ACS

### Describe the number and targeting (income level/type of family served) of units assisted with federal, state, and local programs.

Numerous federal, state, and local programs provide funding that is targeted toward low-income, very low income, and extremely low income families throughout Illinois. Key funding streams for affordable housing for these populations are as follows: the Low Income Housing Tax Credit (LIHTC) program, the HOME program, and the Community Development Block Grant (CDBG) program.

HOME (Home Investment Partnerships Program):

Provides formula grants to states and localities that communities use—often in partnership with local nonprofit groups—to fund a wide range of activities that build, buy, and/or rehabilitate affordable housing.

#### Community Development Block Grant Program (CDBG):

Created under the Housing and Community Development Act of 1974, this program provides Federal grant funds to local and state governments to develop viable urban communities by providing decent housing and public facilities with a suitable living environment.

#### Community Development Block Grant Program - Disaster Recovery

Although a Housing Rehabilitation Program was offered for the 2013 Sandy Disaster Recovery Program, as of July 1, 2015, no grant applications have been received.

#### Low-Income Housing Tax Credit (LIHTC):

A tax incentive intended to increase the availability of low-income housing. The program provides an income tax credit to owners of newly constructed or substantially rehabilitated qualified low-income rental housing projects. The developments can include either multi-family or single-family rental housing.

Illinois publishes an Annual Comprehensive Housing Plan (reporting on each calendar year) that attempts to estimate the reach of these and more funds towards housing for targeted populations. Targeted populations include: seniors, persons with disabilities, low income families, and supportive housing populations (special needs, and homeless and at-risk homeless persons). Illinois also publishes an Annual Progress Report (in April of every calendar year, reporting on the previous completed calendar year) that reports actual funds expended and units created for targeted populations.

In 2014, the formula for estimating units created or assisted changed. Unit productions are estimated at \$130,000 per unit. The 2014 Annual Comprehensive Housing Plan (ACHP) estimated 9,680 affordable housing units would be assisted or created through multifamily or single family programs with an estimated funding expenditure of \$1.25 million (which included local, state, and federal funds). Actual funds expended and units produced were reported in the 2014 Annual Progress Report.

The 2014 Annual Progress Report established that 32,526 units were created or assisted through multifamily or single family programs. 5,564 multifamily units were produced, 26,962 single family units were assisted through homeownership or home rehabilitation and down payment assistance programs. Additionally, 598,072 persons were assisted through residential service programs

**Provide an assessment of units expected to be lost from the affordable housing inventory for any reason, such as expiration of Section 8 contracts.**

Housing units that receive rental assistance such as Low Income Housing Tax Credits (LIHTC) and Section 8 contracts can be at-risk of being converted to market rate housing upon the maturity of the tax credits or when contracts expire. For example, there are 63 LIHTC developments with contracts that will expire between January 1, 2015 and January 1, 2017. These 63 developments represent a total of 4,264 income restricted units. If these developments do not extend their LIHTC contracts for an additional 15 years, these income restricted units will be lost.

The National Low Income Housing Coalition reports that since 1995, nationally about 360,000 project based Section 8 units have been lost to conversion to market rate housing, and that annually another 10,000 to 15,000 units leave the affordable housing inventory. Additionally, of the nation's \$1.4 million units of multifamily assisted housing stock, 450,000 units are at risk of leaving the affordable inventory because of owners opting out of federally funded affordable rental housing programs, maturation of the assisted mortgages, or failure of the property under HUD's standards (National Low Income Housing Coalition, <http://nlihc.org/issues/project-based>).

As of July 2014, the Chicago Rehab Network reports that statewide in Illinois there are approximately 71,000 Section 8 project based contract units. Every year, approximately 4,000 contract units expire. 3,699 units are projected to expire in 2016, 4,016 units in 2017, 5,031 units in 2018, 3,111 in 2019, and 3,817 in 2020.

The Chicago Rehab Network's analysis of HUD's database shows that between 2004 and 2009, more than 18,000 units were at risk of being lost in Chicago alone. Additionally, Northeastern Illinois, excluding Chicago, has more than 8,000 units that will expire between 2004 and 2009, and thousands more units in Downstate Illinois are also threatened (Chicago Rehab Network Preservation Initiative Toolkit, <http://www.chicagorehab.org/policy/preservation.htm>).

Decreases in the affordable housing inventory may also be lost due to the demolition of unsafe housing, gentrification, and decreases in federal, state, and local funding resources such as CDBG, H.O.M.E. A loss in the funding for affordable housing affects the creation and maintenance of the current inventory. The following chart highlights trends in funding for both HOME and CDBG. When comparing 2010 fund allocations with 2014 fund allocations for HOME and CDBG, there was a 19 percent and 36 percent decrease in funding allocations, respectively.

### **Does the availability of housing units meet the needs of the population?**

The Housing Needs Assessment and the Housing Market Analysis sections in this Consolidated Plan indicate that the available housing units do not meet the needs of many of the very-low, low- and moderate- income residents living in Illinois.

According to NA-10 Housing Needs Assessment – Housing Problems, of the 602,055 households with a cost burden greater than 30%, 70,560 households (43,175 renters and 27,385 owners) have incomes at 0-30% HAMFI; 186,065 households (115,325 renters and 70,740 owners) have incomes at 31-50%

HAMFI; 226,895 households (97,310 renters and 129,585 owners) have incomes at 51-80% HAMFI, and 118,535 households (19,685 renters and 98,850 owners) have incomes at 80-100% HAMFI.

Additionally, according to NA-10 Housing Needs Assessment – Housing Problems, of the 666,075 households with a cost burden greater than 50%, 352,955 households (234,085 renters and 118,870 owners) have incomes at 0-30% HAMFI; 167,015 households (72,730 renters and 94,285 owners) have incomes at 31-50% HAMFI; 112,335 households (16,170 renters and 96,165 owners) have incomes at 51-80% HAMFI, and 33,770 households (2,060 renters and 31,710 owners) have incomes at 80-100% HAMFI.

According to MA-15 Cost of Housing – Housing Affordability 8 percent of units (120,100 units) are affordable to renter occupied households earning 30% AMI, 26 percent of units (382,085 units) are affordable to renter occupied households earning 50% AMI, and 65 percent of units (943,595 units) are affordable to renter occupied households earning 80% AMI. Data was not available for renter occupied households earning 100% AMI.

Conversely, 11 percent of units (189,125 units) are affordable to owner occupied households earning 50% AMI, 35 percent of units (598,165 units) are affordable to renter occupied households earning 80% AMI, and 55 percent of units (945,865 units) are affordable to owner occupied households earning 100% AMI. Data was not available for renter occupied households earning 30% AMI.

It is apparent from these figures that low-income, very low income and extremely low income populations are cost burdened in the state. Specifically households earning 30% and 50% AMI are the most cost burdened, with a serious lack of housing units affordable to households at these income levels.

### **Describe the need for specific types of housing:**

There is need for safe, sanitary, and affordable housing throughout Illinois. There is a strong need for affordable housing to households making less than 80 percent of the area median income; specifically those households making less than 50 and 30 percent of the area median income. In addition to housing that is affordable to households with lower incomes, there is also a need for safe, sanitary and affordable housing for seniors and supportive housing populations. As the population ages, seniors will need the option to either age in place or the option to move to smaller more low-maintenance units. Additionally, there are housing needs for persons with disabilities and persons at risk of homelessness.

### **Discussion**

In Illinois, there is not sufficient affordable housing nor sufficient housing stock in general. The Housing Needs Assessment and the Housing Market Analysis sections in this Consolidated Plan indicate that available housing units do not meet the needs of many of the very-low, low- and moderate- income residents living in Illinois. Many Illinois residents are cost burdened. Households earning 30% and 50%

AMI are the most cost burdened, with a serious lack of housing units affordable to households at these income levels. Additionally, housing units that receive rental assistance such as Section 8 contracts can be at-risk of being converted to market rate housing upon the maturity of the tax credits or when contracts expire. As such, the state will continue to provide and develop programs to address these needs.

## MA-15 Cost of Housing – 91.310(a)

### Introduction

According to U.S. Census data (2007-2011 American Community Survey) the median home value in Illinois increased by 55 percent in the last decade. The median contract rent also increased by 39 percent. As the housing market continues to grow at a rate that outpaces that of wages, cost burdens will continue to be a concern.

### Cost of Housing

	Base Year: 2000	Most Recent Year: 2012	% Change
Median Home Value	127,800	190,800	49%
Median Contract Rent	525	738	41%

Table 32 – Cost of Housing

Data Source: 2000 Census (Base Year), 2008-2012 ACS (Most Recent Year)

Rent Paid	Number	%
Less than \$500	397,518	26.1%
\$500-999	771,721	50.6%
\$1,000-1,499	245,777	16.1%
\$1,500-1,999	71,133	4.7%
\$2,000 or more	39,605	2.6%
<b>Total</b>	<b>1,525,754</b>	<b>100.0%</b>

Table 33 - Rent Paid

Data Source: 2008-2012 ACS

### Housing Affordability

% Units affordable to Households earning	Renter	Owner
30% HAMFI	119,505	No Data
50% HAMFI	385,470	223,460
80% HAMFI	964,895	679,470
100% HAMFI	No Data	1,049,890
<b>Total</b>	<b>1,469,870</b>	<b>1,952,820</b>

Table 34 – Housing Affordability

Data Source: 2008-2012 CHAS

## Monthly Rent

Monthly Rent (\$)	Efficiency (no bedroom)	1 Bedroom	2 Bedroom	3 Bedroom	4 Bedroom
Fair Market Rent	0	0	0	0	0
High HOME Rent	0	0	0	0	0
Low HOME Rent	0	0	0	0	0

**Table 35 – Monthly Rent**

Data Source Comments:

### Note

FMR are not applicable to State grantees

	0-30% HAMFI	>30-50% HAMFI	>50-80% HAMFI	>80-100% HAMFI	>100% HAMFI
Total Households*	583205	529775	766965	485615	2404440
Affordable Renter and Owner units	120100	571210	1541760	945865	no data
-Affordable Rental Units	120100	382085	943595	no data	no data
-Affordable Owner Units	no data	189125	598165	945865	no data

**Table 36 - Total Households Vs. Affordable Units**

### Is there sufficient housing for households at all income levels?

The cost of housing has increased over the past decade (2000-2011). The median home value increased fifty five percent (55%) and median contract rent increased by thirty nine percent (39%). The Needs Assessment details households with incomes below 30%, 50%, and 80% of the HAMFI (Number of Households table). Conversely, the above Housing Affordability table identifies the number of affordable units available to households at these income levels. Comparing households to housing units statewide does not accurately reflect housing need, because households often do not live where the housing units they can afford exist. Secondly, units that would be affordable to low income households are often inhabited by households in higher income brackets.

However, when comparing households to housing units, 2011 ACS data show there were more affordable low income housing units in the State of Illinois than there were low income households. There were 1,541,760 occupied units affordable to households with incomes under 80% HAMFI, and only 766,965 households in that income bracket. There were 571,210 occupied units affordable to households with incomes under 50% HAMFI, and only 529,725 households in that income bracket. Only extremely low income households outnumbered the units affordable to them according to the HUD 2011 ACS data, when there were 583,205 households but 120,100 housing units.

In the higher income categories, it is evident that housing is more available, but may not necessarily be affordable. The lowest income levels tend to be renters rather than homeowners. Households at the lowest income level have the greatest problem locating housing that is affordable and does not create a cost burden. The largest gap in availability of affordable housing is at the lowest income levels.

In 2003, Illinois signed into law the Affordable Housing Planning and Appeal Act (AHPAA). The AHPAA encourages local governments to incorporate affordable housing into their communities. The Illinois Housing Development Authority (IHDA), the administering agency of the AHPAA, calculates a list of non-exempt local governments (NELGs) using readily available data from the U.S. Census. Non-exempt local governments are those who have less than 10 percent affordable housing within their jurisdiction. Amendments to the AHPAA (P.A. 98-0287) now allow IHDA to determine affordable housing shares for the state every five years. Once identified and notified, non-exempt local governments are required to produce, adopt, and submit affordable housing plans to the state within 18 months of their non-exempt notification. These plans outline ways in which the local government plans to encourage affordable housing development within its jurisdiction. Plans include a goal benchmark by which each local government plans to increase its affordable housing, identifies lands most appropriate for affordable housing, and outlines incentives the local government can offer to attract affordable housing to its community.

The first determination was conducted in 2004 where 49 communities were found to be non-exempt of the AHPAA. In December 2013, the second determination was conducted and a total of 68 communities were identified as non-exempt. While there are no major enforcement processes in this law, it codifies the State's intent in providing affordable housing. Plans from the latest list of non-exempt local governments were due to the state June 2015.

Although a Housing Rehabilitation Program was offered for the 2013 Sandy Disaster Recovery Program, as of July 1, 2015, no grant applications have been received.

### **How is affordability of housing likely to change considering changes to home values and/or rents?**

If the trends of increasing rents and home values continued throughout the state in the future, there will continue to be a gap between available affordable housing units at lower income levels.

### **How do HOME rents / Fair Market Rent compare to Area Median Rent? How might this impact your strategy to produce or preserve affordable housing?**

The impact for each individual county and community varies throughout the state as Fair Market Rents are different by county or metropolitan statistical area. In some instances rents are comparable, and in other instances market rate rents are more than HOME and Fair Market Rents.

### **Discussion**

Housing costs are increasing for both owners and renters. This section has demonstrated that the supply of affordable housing did not meet the demand for residents of all incomes. Specifically, the number of extremely low income households outnumbered the number of available affordable units to this income bracket. There is especially a need for affordable units for this population. Again, if trends of increasing rents and home values continue throughout the state in the future, there will continue to be a gap between available affordable housing units at lower income levels.

## MA-20 Condition of Housing – 91.310(a)

### Introduction:

Age of housing stock, cost burdens, and energy efficient technologies are just some of the outliers which effect the states conditions of housing. To evaluate the state’s current condition, this section will cover the following:

- Definitions or “standard” and “substandard condition but suitable for rehabilitation”
- Condition of units
- Year Unit Built
- Risk of Lead Based Poisoning
- Vacant Units
- Need for Owner and Rental Rehabilitation, and
- Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards

### Definitions

Standard: Meets or exceeds HUD Housing Quality Standards (HQS); does not have any critical or major structural defects; has adequate plumbing and heating/cooling facilities; and its appearance does not create a blighting influence.

Substandard Condition but Suitable for Rehabilitation: Does not meet HUD HQS; has one or more major and/or critical structural defects that can be repaired for a reasonable amount. The degree of substandard is either moderate or severe according to the number of defects and the degree of deficiency.

1. Moderately Substandard –less than three major defects and can be restored to a standard condition for a reasonable cost.
2. Severely Substandard –three or more major defects or at least one critical defect and can be restored to a standard condition for a reasonable cost.

### Condition of Units

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With one selected Condition	969,849	30%	689,469	45%

Condition of Units	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
With two selected Conditions	26,099	1%	53,513	4%
With three selected Conditions	2,843	0%	4,568	0%
With four selected Conditions	135	0%	488	0%
No selected Conditions	2,249,595	69%	777,716	51%
<b>Total</b>	<b>3,248,521</b>	<b>100%</b>	<b>1,525,754</b>	<b>100%</b>

**Table 37 - Condition of Units**

Data Source: 2008-2012 ACS

### Year Unit Built

Year Unit Built	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
2000 or later	403,318	12%	136,662	9%
1980-1999	696,234	21%	262,803	17%
1950-1979	1,325,326	41%	586,768	38%
Before 1950	823,643	25%	539,521	35%
<b>Total</b>	<b>3,248,521</b>	<b>99%</b>	<b>1,525,754</b>	<b>99%</b>

**Table 38 – Year Unit Built**

Data Source: 2008-2012 CHAS

### Risk of Lead-Based Paint Hazard

Risk of Lead-Based Paint Hazard	Owner-Occupied		Renter-Occupied	
	Number	%	Number	%
Total Number of Units Built Before 1980	2,148,969	66%	1,126,289	74%
Housing Units build before 1980 with children present	200,970	6%	71,120	5%

**Table 39 – Risk of Lead-Based Paint**

Data Source: 2008-2012 ACS (Total Units) 2008-2012 CHAS (Units with Children present)

### Lead Based Paint Hazards

There is no safe level of lead in the body. Lead poisoning is one of the most prevalent, yet preventable environmental health hazards that can affect any family. Lead poisoning affects the brain and nervous system and has been linked to behavioral problems, juvenile delinquency and learning disabilities. Lead poisoning has been shown to contribute to juvenile and adult violent crimes and behaviors, dementia, Alzheimer disease, developmental delays, hearing loss, high blood pressure, bone diseases, autism and Asperger syndrome. The burden of Illinois childhood lead poisoning remains one of the highest in the nation.[1] There are more than 3.6 million pre-1978 housing units in Illinois and about 2 million are estimated to contain lead-based paint, the major source of lead poisoning.

[1] CDC's National Surveillance Data (1997-2011)

Title X of the Housing and Community Development Act addresses lead poisoning in children. Title X focuses attention on prevention by addressing conditions within housing units that cause lead poisoning. The primary source of lead poisoning in children is lead-based paint, used extensively in housing units until it was banned from residential use in 1978. The presence of lead-based paint in a unit does not necessarily constitute a hazard. In general, a unit has hazardous conditions if lead-based paint is likely to be ingested or inhaled by children in any form, including dust. Specific types of hazardous conditions associated with lead-based paint include:

- Peeling, chipping, flaking or other deterioration
- Lead-based paint on friction surfaces such as windows or railings
- Lead-based paint on impact surfaces such as doors, door jambs, or stairs
- Lead-based paint on surfaces accessible to a child’s mouth
- Dust containing excessive levels of lead on floors, interior window sills or window wells
- Any bare soil containing excessive amounts of lead
- Any lead-based paint on any surface disturbed by renovation or remodeling

Based on the HUD Lead Safe Housing Rule, a home is said to have a significant lead-based paint hazard if one or more of the following conditions exists:

- 1) Lead-based paint with deterioration larger than *de minimis* levels specified in the Lead Safe Housing Rule
- 2) Dust lead loadings at or above specified thresholds on floors and window sills
- 3) Bare soil in children’s play area above specified thresholds, or more than 9 square feet of bare soil in the rest of the yard with lead contaminations at or above specified thresholds

**Vacant Units**

	Suitable for Rehabilitation	Not Suitable for Rehabilitation	Total
Vacant Units	519,344	0	519,344
Abandoned Vacant Units	0	0	0
REO Properties	14,644	0	14,644
Abandoned REO Properties	0	0	0

**Table 40 - Vacant Units**

Data Source Comments: 2008-2012 ACS

**Need for Owner and Rental Rehabilitation**

The majority of units in the State, both rental and owner-occupied, were built before 1980 and are also at a higher risk of having lead-based paint hazards. Eighty-eight (88) percent of owner-occupied homes were built before 1980, and 92 percent of renter-occupied homes were built before 1980. Additionally, some of these homes have children present. The presence of lead-based paint hazards increases health risks which can affect children's development and growth. The year in which units were built is a good indicator of the need for housing preservation and/or rehabilitation because the older the housing unit, the more likely it is to have outdated mechanical systems (such as heating and electric) or have other deficiencies (such as obsolete roofing, plumbing, or insulation) which may have resulted from lack of maintenance. Home repair and home rehabilitation assistance for existing housing units is crucial to preserve the current housing stock. Repairs for these standard units could include emergency repairs maintain the unit's habitability, accessibility improvements for seniors or persons with disabilities, energy improvements to lower maintenance costs, and/or structural repairs.

Although a Housing Rehabilitation Program was offered for the 2013 Sandy Disaster Recovery Program, as of July 1, 2015, no grant applications have been received.

### **Estimated Number of Housing Units Occupied by Low or Moderate Income Families with LBP Hazards**

The state does not collect or publish readily available data on the numbers of housing units with lead based paint hazards. However, the Illinois Department of Public Health publishes annual surveillance reports on child lead poisoning prevention activities within the state. Information from the Illinois Department of Public Health's 2013 annual report can help highlight to what degree lead based poisoning hazards are affecting households throughout the state.

According to the *Illinois Lead Program – 2013 Annual Surveillance Report* children exposed to high lead levels tend to suffer from life-long complications that affect their ability to think, learn or behave. Of the 278,000 Illinois children tested in 2013, more than 20,100 had blood lead levels at the federal reference value. The burden of Illinois childhood lead poisoning is one of the highest in the nation. Children at highest risk for lead exposure include those with persistent oral behaviors, low-income households, African-Americans, children exposed to imported products containing lead, children with low iron, and those residing in deteriorating pre-1978 housing units. Approximately 60 percent of pre-1978 housing units have a prevalence of lead-based paint and 42 percent have significant lead-based paint hazards.

The *Illinois Lead Program – 2013 Annual Surveillance Report* provides estimates of pre-1978 housing units with lead hazards in Illinois. The following chart provides estimates of households with a prevalence of lead-based paint and households with significant lead-based paint hazard.

Again, sixty-seven (67) percent of owner-occupied homes in Illinois were built before 1980, and 76 percent of renter-occupied homes were built before 1980. Based on this information, it can be assumed that a substantial number of these units may be at high risk of having lead-based paint hazards present or having significant lead-based paint hazards.

**Discussion:**

The majority of housing, both renter-occupied and owner-occupied in Illinois was built between 1950 and 1980, or before 1950. Many older homes lack energy efficient and saving components that can be seen in newer construction homes today. This, coupled with increasing energy costs contribute to housing cost burden. Both renters and owners face housing condition problems. The housing condition that is most likely to affect a household is cost burden. Forty-five percent of renters experience at least one housing condition and thirty percent of owners experience at least one housing condition.

## MA-25 Public and Assisted Housing – (Optional)

### Introduction:

### Totals Number of Units

	Program Type								
	Certificate	Mod-Rehab	Public Housing	Vouchers					
				Total	Project-based	Tenant-based	Special Purpose Voucher		
							Veterans Affairs Supportive Housing	Family Unification Program	Disabled *
# of units vouchers available	1	2,389	55,383	97,383	2,456	79,674	4,048	5,795	9,345
# of accessible units			105						
<b>*includes Non-Elderly Disabled, Mainstream One-Year, Mainstream Five-year, and Nursing Home Transition</b>									

**Table 41 – Total Number of Units by Program Type**

Data Source: PIC (PIH Information Center)

### Describe the supply of public housing developments:

### Describe the number and physical condition of public housing units in the jurisdiction, including those that are participating in an approved Public Housing Agency Plan:

While IHDA attempts to work with Public Housing Authorities to voluntarily provide PH/HCV inventory numbers for its PHA Agency Plan reviews, it can do this only for PHAs in Community Development Block Grant (CDBG) Non-Entitlement areas.

### Describe the Restoration and Revitalization Needs of public housing units in the jurisdiction:

Not available on a statewide basis.

### Describe the public housing agency's strategy for improving the living environment of low- and moderate-income families residing in public housing:

See individual PHA Agency plans.

### Discussion:

IHDA continues to work with Public Housing Authorities on mixed-financed projects and Rental Assistance Demonstration (RAD) conversion projects, and sees the latter as playing an increasing role in the next several years.

## MA-30 Homeless Facilities – 91.310(b)

### Introduction

This section contains information about the number and types of beds available to the State's homeless population and a description of services provided to the homeless. There is also a description of services targeted to specific homeless populations.

### Facilities Targeted to Homeless Persons

	Emergency Shelter Beds		Transitional Housing Beds	Permanent Supportive Housing Beds	
	Year Round Beds (Current & New)	Voucher / Seasonal / Overflow Beds	Current & New	Current & New	Under Development
Households with Adult(s) and Child(ren)	1,676	235	4,086	5,447	35
Households with Only Adults	21	0	3	0	0
Chronically Homeless Households	3,110	408	2,483	7,438	17
Veterans	222	0	411	1,857	0
Unaccompanied Youth	39	0	124	38	0

**Table 42 - Facilities Targeted to Homeless Persons**

**Data Source Comments:** These values only reflect the Continuums of Care that provided data to the Illinois Housing Development Authority, according to their most recent HIC counts.

**Describe mainstream services, such as health, mental health, and employment services to the extent those services are used to complement services targeted to homeless persons**

Half of the Continua of Care (CoCs) say they work with local or county level organizations, including Health Departments, employment assistance groups, legal aid, food assistance, financial literacy, adult education, mass transit, and youth services. Four CoCs claim they have their own healthcare services within their CoC facilities or umbrella, four partner with DHS' benefit offices to assist the homeless in receiving healthcare, Social Security, and other benefits, and four CoCs partner with housing authorities to get homeless people on the voucher or affordable housing waiting lists. Five CoCs reported they supplied employment services in their CoCs and six claimed they provided mental health services. Three CoCs stated they had an outreach strategy to increase Medicaid access for those eligible and two CoCs stated they provided domestic violence, substance abuse, and emergency fund assistance. Two also reported they worked with the local Veterans Administration facility. At least one CoC described each of these services as under their service umbrella: SOAR training, partnering with schools for free lunches, benefit assistance, working with landlords for homelessness prevention, partnering with the Department of Child and Family Services (DCFS) for youth assistance, creating a 211 CoC hotline, participating in RHSP, and partnering with DCEO in its CSBG and LIHEAP programs.

**List and describe services and facilities that meet the needs of homeless persons, particularly chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth. If the services and facilities are listed on screen SP-40 Institutional Delivery Structure or screen MA-35 Special Needs Facilities and Services, describe how these facilities and services specifically address the needs of these populations.**

The majority of Illinois' Continua of Care (CoCs) provide services to homeless youth. Most of these services are focused around emergency shelter and transitional or temporary housing; however, some are working to provide permanent supportive housing (PSH) for youth. Eleven CoCs focus on PSH for the chronic homeless and nine focus on homeless veterans. At least a few CoCs provide emergency shelters, rapid rehousing, homeless prevention, transitional housing, and/or PSH for families. Other strategies to target certain populations include outreach for chronically homeless people; coordinated entry services for veterans; transportation to drop-in services for veterans; and, utility and deposit assistance for families and veterans.

Housing Inventory Count (HIC) count data are provided in the table above. Central Illinois Continuum of Care (CoC) has two special services only (SSO) programs: one for all populations listed and one for families with children. Chicago has two SSOs for the chronically homeless and for individuals and families. Cook CoC has one SSO. Lake CoC has two SSOs that are tailored to legal assistance and shelter placement. McHenry CoC has Community Development Block Grant (CDBG) funds for employment services, outreach, legal services, and a food pantry. South Central Illinois CoC has Emergency Shelter Grant (ESG) funds from the Department of Commerce and Economic Opportunity (DCEO) for rent and utility assistance.

Further description of institutional delivery service can be found in the SP-40 section.

## MA-35 Special Needs Facilities and Services – 91.310(c)

### Introduction

The Illinois Department of Public Health administers the HOPWA Program. Funds are distributed to seven local HIV Care Connect Regions outside of the Chicago and St. Louis EMAs. Funds are provided for short-term rent, mortgage, and utility assistance, operating costs and supportive services at AIDS designated housing facilities, housing information services and housing resource identification services. The prevention of homelessness is the most important element of administering the HOPWA program. Persons living with HIV require stable housing in order to receive effective treatment. To ensure those most in need receive services, the Illinois HOPWA program also limits its housing and utility assistance program to persons with HIV/AIDS at or under 80% Area Median Income. A client must have an emergency situation which places him or her at-risk of homelessness. STRMU is "needs based" and intended for clients who are temporarily unable to meet their monthly housing and utility expenses due to an unexpected situation.

For more information about other state agencies and divisions' programs that serve special need populations, see Needs Assessment section 45.

### HOPWA Assistance Baseline Table

Type of HOPWA Assistance	Number of Units Designated or Available for People with HIV/AIDS and their families
TBRA	15
PH in facilities	60
STRMU	315
ST or TH facilities	0
PH placement	0

**Table 43 – HOPWA Assistance Baseline**

**Alternate Data Source Name:**

IDPH HIV/AIDS data as of December 2014

**Data Source Comments:**

**To the extent information is available, describe the facilities and services that assist persons who are not homeless but who require supportive housing, and programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing**

Stable Housing continues to be an important to ensure that appropriate housing services are provided to persons living with HIV/AIDS. Funds are used to provide housing and support services to insure that a wide variety of health and social services are provided. The primary goals of the use of funds for housing facilities is to provide medical and other supportive services such case management, mental health counseling and substance abuse treatment to persons living in designated housing facilities. The

Department directly funds eligible AIDS designated housing facilities within the Illinois HOPWA jurisdiction area. These funds are being used to the provision of meals and lodging to resident; and repairs and operating costs. The following housing facilities in the Illinois HOPWA area: Alexian Brothers the Harbor, Waukegan, Illinois, Asian Human Services, Chicago, Illinois, DeLaCerde House. Rocks Island, Illinois, Fifth Street Renaissance, Springfield, Illinois, Greater Community AIDS Project, Champaign, Illinois, Phoenix Center, Springfield, Illinois

Please see the three additional text boxes labeled "Facilities and Services" for more information from other state agency programs.

### **Facilities and Services (DoA)**

Those being served in the Illinois Department on Aging's (DoA's) programs are older Illinois residents that may have a variety of physical and mental health conditions. These conditions can range from wheelchair access, to medication management or a full-time care assistant.

The Illinois Department of Aging FY 2013-2015 State Plan on Aging recognizes that the population of older persons will continue to grow and live longer. In addition to the growth of the older population, 2010 US Census for Illinois revealed that the population of older adults is increasingly becoming more linguistically and culturally diverse. An example of this can be shown by the number of different languages spoken in the Illinois Department on Aging Community Care Program.

Frail elderly: The population age 85 and older is currently the fastest growing segment of the older population. The size of this age group is important for the future of the long term care system because these individuals tend to be in poorer health and require more services than the young elderly. In 2000, 192,346 of the 60+ population in Illinois was age 85+. In 2010, it increased to 234,912. In 2030, it is projected to be 402,311, which is an increase of 109% (Illinois Department of Commerce and Economic Opportunity, 2012). With the demographic boom, the need for in-home assistance (e.g., homemaker, adult day service, home delivered meals and emergency home response) will dramatically increase.

The DoA's Community Cares Program assists elderly homeowners and renters.

### **Table III-M: Number of residents served by the Comprehensive Care in Residential Settings Program**

### **Facilities and Services (DD, DRS, DASA)**

In addition to the HBS Program, the Division of DD also funds services in small group home settings individuals with DD. In FY14 there were over 10,400 adults funded in DHS-licensed small group homes

called Community Integrated Living Arrangements (CILA). The target population is adults with developmental disabilities. At this time the DD Division does not maintain information on vacancy rates.

Since 1997, Illinois Department of Human Services has been an active supporter of HSP's Community Reintegration Program. This program transitions persons residing in long term care facilities back into the community. A key component to this transition is ensuring that housing in the community is safe and accessible. In some cases, this may include identifying existing housing that meets the customer's needs. In other cases, funds may be spent to modify a unit for accessibility purposes.

*\*FY15 data is currently being collected and compiled by the Community Reintegration Program.*

DASA provides high-need residential services, halfway homes, and recovery homes for clients that need temporary housing during their alcohol or substance abuse treatment. It does so through licensed providers throughout the state. DASA also works with Illinois' Cooperative Agreement to Benefit Homeless Individuals (CABHI), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This program is an inter-agency effort that strives to help the chronically homeless by working with permanent supportive housing providers. DASA assists with this effort by helping with training for screening and referrals regarding substance abuse. It also helps facilities become Medicaid licensed, to help them secure federal funds for their services.

### **Facilities and Services (DMH part 1)**

DMH provides an array of services:

*Crisis Care Residential:* A 24 hour therapeutic crisis intervention service and treatment for an individual who is diagnosed with a serious mental illness and is experiencing an acute psychiatric episode or crises that do not require or necessitate an inpatient psychiatric hospitalization. Crisis Care Residential is time limited and should not exceed 21 days in duration. RN oversight is a prerequisite.

*Crisis Residential (SMHRF Comparable Services):* This program is a structured cluster of crisis beds and residential support activities designed to provide short-term continuous supervision, crisis intervention, assessment and treatment. Services are delivered in an agency-controlled facility with 24 hour crisis beds that are a part of (or linked to) Crisis Intervention Services. This intense, rapid response service is highly focused on assessment, diagnosis, therapeutic intervention, and stabilization of the presenting psychiatric crisis. The residential stabilization provides the opportunity for continuous monitoring and must be integrated with the Crisis Intervention Services.

*Mental Health Community Integrated Living Arrangement (MH CILA):* This program provides for less than 24 hour supervision to clients in a variety of residential settings, from independent sites to independent clustered apartments with or without staff support available as needed. Services such as daily living, medication support, psychosocial rehabilitation, peer support, recovery-oriented counseling, and other education or vocational skill training are provided.

*Supported Residential:* This program is a structured cluster of recovery-oriented residential support services designed to provide less than 24 hour, seven day a week supervision, skills training, and supports within an agency controlled (leased or owned) community residential facility. This cluster of services for consumers with moderate to substantial levels of psychiatric disability is focused on community integration skills, peer support and vocational readiness.

Recovery-oriented counseling and other rehabilitative supports are provided in order to facilitate independent living and eventual movement into a less restrictive residential setting of the consumer's choice. Consequently, this service is not to be regarded as permanent housing. In order to facilitate the consumer's gradual assumption of responsibility, it is intended to provide an intensity of care that is sufficient to meet but not exceed his/her needs.

Purpose:

- To enhance community reintegration through recovery of critical independent living skills and social roles.
- To increase the consumer's adaptive functioning level within the current residential setting.
- To develop the consumer's potential to live successfully in a less restrictive setting.
- To prevent or minimize the impact of any relapse of psychiatric symptoms.
- To prevent or minimize disruption in family and community participation.
- To provide an alternative to more restrictive residential and inpatient care settings.
- To assist the consumer in maintaining community residence by mobilizing individual/family/community resources and peer support.

## **Facilities and Services (DMH part 2)**

### *Supervised Residential*

This program is a structured cluster of recovery-oriented residential support services for the consumer with substantial levels of psychiatric disability. It is designed to provide 24 hour seven day/week supervision, skills training, and supports within an agency controlled (leased or owned) community residential facility. This cluster of services focuses on skill acquisition in independent living and includes recovery-oriented counseling, peer support and other rehabilitative supports designed to facilitate eventual movement into a less restrictive residential setting of the consumer's choice.

Purpose:

- To enhance community reintegration through recovery of critical independent living skills and social roles.
- To increase the consumer's adaptive functioning level within the current residential setting.
- To develop the consumer's potential to live successfully in a less restrictive setting.
- To prevent or minimize the impact of any relapse of psychiatric symptoms.

- To prevent or minimize disruption in family and community participation.
- To prevent unnecessary hospitalization and reduce unnecessary extensions of state hospital stays.
- To assist the consumer in maintaining community residence by mobilizing individual/family/community resources and peer support

*State Psychiatric Hospitals* are currently budgeted for a statewide total of 1291 beds. This number does not include the 229 beds budgeted for the Treatment and Detention Facility (TDF – sexually violent offenders). In Fiscal Year 2014 the Illinois State Psychiatric Hospitals served 8234 unduplicated individuals for a total of 7294 admissions.

*Institutes for Mental Disease (IMD)* – are nursing homes under the Nursing Home Care Act. These facilities are funded by the Department of Healthcare and Family Services (Medicaid Authority). More than 50% of the residents have a diagnosed serious mental illness.

### **Supportive housing programs for those returning from institutions (DoA, DD, DRS, DASA)**

DoA’s Colbert initiatives aim to quickly and efficiently place every nursing home resident in community-based housing. Its Nursing Home Deflection program work with hospital patients to prevent them entering nursing homes in the first place, coordinating with their records there to ensure they have the proper supportive services when they enter community-based housing. DoA also contracts with care coordination agencies, in-home service providers, adult day service providers and emergency home response service providers to meet the needs of persons over age 60 who would qualify for a nursing home admission but prefer to remain in the community for its CCP program. Its CCRS program also provides housing for the CCP program participants.

DHS-DD’s target population is persons with developmental disabilities. In general, the DD Division will pay for “bed hold” in group homes when a resident is hospitalized for a short term stay, including short term convalescent care following hospitalization. This maintains the person’s home as long as the intent is for them to return (within established limits).

Since 1997, Illinois Department of Human Services has been an active supporter of HSP’s Community Reintegration Program. This program transitions persons residing in long term care facilities back into the community. A key component to this transition is ensuring that housing in the community is safe and accessible. In some cases, this may include identifying existing housing that meets the customer’s needs. In other cases, funds may be spent to modify a unit for accessibility purposes.

DASA provides high-need residential services, halfway homes, and recovery homes for clients that need temporary housing during their alcohol or substance abuse treatment. It does so through licensed providers throughout the state. DASA also works with Illinois' Cooperative Agreement to Benefit Homeless Individuals (CABHI), funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). This program is an inter-agency effort that strives to help the chronically homeless by working with permanent supportive housing providers. DASA assists with this effort by helping with training for screening and referrals regarding substance abuse. It also helps facilities become Medicaid licensed, to help them secure federal funds for their services.

### **Supportive housing programs for those returning from institutions (DMH part 1)**

Illinois Department of Human Services (IDHS) – Division of Mental Health. Programs are funded directly and include State General Revenue Funds (GRF).

### **Residential/Supported Housing Program Services Descriptions:**

#### **Supported Residential:**

This program is a structured cluster of recovery-oriented residential support services providing less than 24 hour, seven day a week supervision, skills training, and supports within an agency controlled (leased or owned) community residential facility. Services for consumers with moderate to substantial levels of psychiatric disability focus on community integration skills, peer support and vocational readiness. Counseling and other rehabilitation supports are provided to facilitate independent living and movement into a less restrictive residential setting. .

#### **Supervised Residential:**

This program is a structured cluster of recovery-oriented residential support services providing less than 24 hour, seven day a week supervision, skills training, and supports within an agency controlled (leased or owned) community residential facility. Services for consumers with moderate to substantial levels of psychiatric disability focus on community integration skills, peer support and vocational readiness. Counseling and other rehabilitation supports are provided to facilitate independent living and movement into a less restrictive residential setting.

#### **Mental Health Community Integrated Living Arrangement (MH CILA):**

This program provides for less than 24 hour supervision to clients in a variety of residential settings, from independent sites to independent clustered apartments with or without staff support available. Services such as daily living, medication support, psycho-social rehabilitation, peer support, recovery-oriented counseling, and other education or vocational skill training are provided

#### **Crisis Residential:**

This program is a structured cluster of crisis beds and residential support activities designed to provide short-term continuous supervision, crisis intervention, assessment and treatment. Services are delivered in an agency controlled facility with 24 hour crisis beds that are a part of (or linked to) Crisis Intervention Services. This intense, rapid response service is highly focused on assessment, diagnosis, therapeutic intervention and stabilization of the presenting psychiatric crisis. The residential stabilization provides the opportunity for continuous monitoring and must be integrated with Crisis Intervention Services.

#### **Assertive Case Management Treatment (ACT) Residential:**

This Evidence-Based program model is a very specialized treatment/service delivery in which a multi-disciplinary team assumes ultimate accountability for a small defined caseload of seriously mentally ill adults and becomes the single point of responsibility for that caseload. The ACT model combines clinical and case management services, providing direct assistance with symptom management as well as facilitating a more supportive environment by direct assistance in meeting basic needs and improving social, family, and environmental functioning

#### **Supportive housing programs for those returning from institutions (DMH part 2)**

#### **Support Service Programs Descriptions:**

**Acute Care Programs:** Provides rapid response to individuals in a mental health crisis, to members of the individual's support system, and the community on a 24-hour a day basis. Such services are intensive, short-term and are oriented toward stabilization of the individuals' condition and management of disruptive and life threatening symptoms.

#### **Mental Health Treatment Program (Outpatient) Services:**

These core services are delivered to clients who have been determined on the basis of a mental health assessment to have a mental illness or emotional disturbance and to have significant impairments in role functioning. Outpatient services are intended to reduce psychiatric symptoms and promote

adaptive functioning. They are based on a mental health services needs evaluation and an Individual Treatment Plan which is monitored, reviewed, and modified as needed on an ongoing basis.

### **Psychiatric Services:**

Services provided directly by a physician encompassing; psychiatric evaluation to determine a psychiatric diagnosis that may be amenable to treatment with psychopharmacological and other medical-psychotherapeutic interventions, treatment, including prescription, administration, and monitoring of response to medications and the provision of clinical direction, and/or consultation to other mental health professionals in the development and implementation of a treatment plan.

### **Division of Mental Health Residential/Supported Housing Program Services and Support Service Programs (Continued)**

**Rehabilitative Support Programs:** Rehabilitative Support Programs I and II are based on the Community Support Systems concept developed and disseminated by the National Institute of Mental Health. The services in this section may be provided by a community mental health provider. Psychosocial Rehabilitation and Support Services denote consumer centered, recovery-oriented version of rehabilitative day services. The core service is a formally organized, goal-oriented, integrated and curriculum-based program of daily activities directed toward assisting consumers with a serious mental illness or serious emotional disturbance to function at their highest level of independence in the community.

### **Psycho-Social Rehabilitation and Support - PSR Engagement:**

This core service consists of structured and unstructured activities, including outreach, that expose consumers to the possibility of recovery through learning about consumer recovery movement and the recovery experiences of other consumers. These activities occur in community/in-vivo settings, where the consumer is a member or participant rather than a client and where consumers receive engagement services from staff who are recovered consumers.

**Care Management Core Services:** Direct supportive services, coordinative services, individual treatment plan monitoring, and temporary transitions funds designed to ensure continuity and adequacy of community care for special groups of clients in the DMH eligible and target populations.

**Rehabilitation and Support Programs:** Rehabilitation treatment programs are oriented toward improving role functioning and are provided within a format of structured daily activities. Each of the component services provides a complimentary schedule of psychiatric and/or psychosocial treatment modalities in a therapeutic milieu addressing at least three areas of functioning: psychological, interpersonal, and age-appropriate or independent role functioning.

### **Next year goals to address supportive service needs**

DoA plans on working towards providing community-based housing and services to 100% of its Colbert Consent Decree members in the coming year (it is currently at 76% contacted and serviced). If the Nursing Home Deflection program proves successful, future implementation and funding will be considered. DoA has an average monthly caseload of 84,985 individuals. It's anticipated resources for FY 2016 are \$882,821,400.

The DD Division has issued an RFA to solicit bids for 24-Hour Stabilization Homes to meet the needs of adults with DD who are experiencing behaviors that require special intervention.

As DHS-DRS understands it, the supportive housing program is similar to assisted living in that it provides specified services. No other services, like HSP, can be provided in addition. Also, supportive housing is aimed largely at a population which has mental health issues and needs special supports designed for this population and operated or administered by MH clinicians. As such, this is not a type of housing that HSP uses often although it is certainly not excluded from the options that HSP offers its customers. HSP will keep its staff informed about opportunities becoming available in supportive housing.

The Division of Mental Health recognizes the contributions of existing Supported and Supervised Residential program settings. As such, a strategic decision has been made to continue funding support to these program types. However, in State FY 2014 and forward, the Division of Mental Health will no longer support the creation nor expansion of any proposed new Supported or Supervised Residential program sites that do not meet all elements of the new DMH Permanent Supportive Housing model.

DASA works with the Interagency Council on Homelessness to end all forms of homelessness, using its resources and services whenever possible. DASA intends to continue its existing services in the best capacity possible with available funding.

### **Describe programs for ensuring that persons returning from mental and physical health institutions receive appropriate supportive housing**

HUD requires Homeless Assistance grantees to "develop and implement a discharge consideration policy, to the maximum extent practicable." The State understands this policy is not statutory or regulatory, but a HUD-issued directive. This discharge policy should include discharge policies and procedures for clients/residents of "publicly funded institutions or systems of care in order to prevent such discharges from inadvertently resulting in homelessness for such persons.

\*The Illinois Department of Public Health (IDPH) operates under some eight separate State administrative rules that govern different types of hospitals, nursing homes, and assisted living facilities that it licenses or regulates. These regulations cover the following; hospitals; assisted living facilities; skilled nursing and intermediate; sheltered care; veterans' homes; intermediate care for developmentally disabled; community living facilities; and skilled nursing for under age 22. All eight administrative rules include discharge policies.

\*The Illinois Department of Healthcare and Family Services (IDHFS) funds both nursing homes and supportive living facilities (assisted living with medical waiver), and complies with federal regulations for these, which require such facilities to develop a post-discharge plan of care that is developed with resident and family involvement to assist a resident to adjust to a new living environment.

\*The Illinois Department of Corrections (IDOC) established the Incarcerated Veterans Transition Program in nine IDOC facilities. This program provides a strength and needs assessment of the veteran offender 18 months prior to prison release. The assessments are administered by Illinois Department of Employment Security (IDES) staff at the facilities. Staff from IDES holds information sessions with the offenders to educate and assist them in accessing services once they are released. IDVA Veteran Service Officers provide assistance as requested by IDES.

\*The Illinois Department of Corrections (IDOC), Illinois Department of Human Service/Division of Alcoholism and Substance Abuse (DHS/DASA) and the Illinois Housing Development Authority are the State Agencies represented on the Cook County Discharge Planning Council. The Cook County Discharge Planning Council has made great strides in enhancing coordination between the Social Security Administration offices in Cook County and Discharge Planners working for Cook County Jail in an effort to ensure that those eligible are able to have social security benefits reinstated upon release or soon thereafter. This collaboration should be scalable to all of Illinois.

Please see the three additional text boxes labeled "Supportive housing programs for those returning from institutions" for more information from other state agency programs.

**Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. 91.315(e)**

IDPH allocates HOPWA and Ryan White funds to HIV CARE Connect Regions for specific eligible activities. HIV Care Connect Region holds quarterly meeting to review and address the housing and supportive service's needs and recommend activities. Emergency housing and financial assistance is a coordinated effort between funding sources. Ryan White Part B Housing Assistance is part of the Emergency housing and financial assistance but is regulated for compliance by the Health Resources and services Administration. Both programs work together to assist clients with housing needs during temporary times of financial need designed to prevent homelessness and increase housing stability. Ryan White Part B provides HIV case management services to assist those living with HIV disease with the coordination of a wide variety of health and social services.

Please see the additional text box labeled "Next year goals to address supportive service needs" for more information from other state agency programs.

**For entitlement/consortia grantees: Specify the activities that the jurisdiction plans to undertake during the next year to address the housing and supportive services needs identified in accordance with 91.215(e) with respect to persons who are not homeless but have other special needs. Link to one-year goals. (91.220(2))**

The Illinois Department of Public Health is the grantee for the Housing Opportunity for persons with AIDS program and the Ryan White Comprehensive AIDS Resources Emergency (CARE) program. Ryan White program primarily funds activities such as case management, support groups, counseling, healthcare, nutrition services, dental assistance and legal services. Ryan White Care Program coordinates services to ensure that those who are most in need receive and are linked to care. Short term rent, mortgage and utility assistance will continue to be provided to the HIV Care Connect Region. The State HOPWA program launched a long term housing project in the Winnebago county area to address the on-going need for rental assistance for persons living with HIV/AIDS. The STRMU assistance program alone does not address the housing needs of many of the clients served who are living a lot longer. Housing is integral to containing the HIV epidemic by ensuring that low-income often multiply diagnosed people living with HIV are in a safe living environment.

## **MA-40 Barriers to Affordable Housing – 91.310(d)**

### **Negative Effects of Public Policies on Affordable Housing and Residential Investment**

The subsequent narrative will provide detail on the following identified barriers:

1. Building Codes
2. Home Rule
3. Impact Fees
4. Property Taxes
5. Cost and Availability of Land
6. Availability of Affordable and Accessible Housing
7. Public Housing
8. Preservation
9. Homelessness
10. Other Special Needs

#### **1 Building Codes**

##### Elimination/Removal of Barriers to Affordable Housing

Illinois is a wildly diverse state, and also has the largest number of local governments in the country. According to a 2005 Rural Research Report from IIRA, entitled "Governmental Structure in Illinois," it had 1,251 municipalities, 1,433 townships, 102 counties, and 3,681 special taxing districts. This was updated by the ILGA Legislative Research Unit in May of 2015 to now reflect a total of 6,953 total local governments in Illinois. While this is not a barrier per se, the network of local government authorities and approval requirements must be evaluated by both non-profit and for-profit affordable housing developers as well as public agencies when pursuing any such projects or programs.

The related regulatory environment is also of note. Here are some major facets of it:

1) **Building Codes** While there is not a State statutory building code, the Illinois Municipal Code sets general parameters for local Comprehensive planning, zoning, and building codes. Furthermore, there are nearly a dozen State laws impacting local governments in specific areas, including plumbing, stormwater, septic systems, lead poisoning prevention, asbestos abatement, manufacturing living, environmental barriers, and historic preservation.

#### **2 Home Rule**

2) Home Rule Another State public policy that has an impact on the affordability of housing, and thus has potential for impacts on affordable housing development, is Home Rule. Under the Illinois

Constitution of 1870, a unit of local government had only those powers specific granted to it by the Constitution or by statute. The Constitution of 1970 modified this provision by granting home rule status to counties that have a chief executive officer elected by the voters of the county (only Cook County qualifies) and municipalities with a population of more than 25,000. Other municipalities may elect, by referendum, to become home rule units. Home rule units have broad powers including the power to regulate for the protection of public health safety, morals and welfare; to license; to tax; and to incur debt. Aside from several limitations specified in the Constitution and any limitations that the Legislature may enact by law, power of Home Rule are to be construed liberally. This locally invested authority directly affects the intergovernmental aspects of structuring policies that affect the provision of affordable housing.

Given Home Rule status, much public policy affecting affordable housing development emanates from the local level. Home Rule units are responsible for zoning, building codes, comprehensive planning, and many other land use controls that have a direct impact on the provision of affordable housing. According to the Illinois Municipal League, as of April 2015, there were 211 home rule units of local government in Illinois – plus the one Home Rule County in Illinois: Cook County.

There is also a Home Rule Note process in the Illinois General Assembly, which allows any legislator (bill sponsor or otherwise) to request such a note for a particular bill from the Illinois Department of Community and Economic Opportunity (DCEO), regarding determination of its applicability to home rule jurisdictions. Home rule authority, however, can provide a municipality with additional power to encourage affordable housing, such as inclusionary zoning ordinances and establishment of housing trust funds.

### **3 Impact Fees**

3 Impact Fees: The establishment of impact fees for new development at the local level can also be a cost barrier, as it generally levies fees on the developer of the property to pay for the needed public infrastructure improvements (water, sewer, streets, parklands, etc.) as well as other public service costs (schools, police, fire, etc.). While it can be reasonably argued that such fees are equitable and that costs for new development should not be assessed to all residents of the community, there are a few related problems. One is that there is no current statutory control or ceiling on such costs, as they are now set by local ordinance. Furthermore, these costs are generally passed on to the homebuyers/homeowners/rental property owners of the new development. These additional costs can significantly add to the affordability problem.

### **4 Property Taxes**

4 Property Taxes: State and local taxes generate revenue to help support a broad range of public facilities and services. While not specifically directed to the development of affordable housing, tax law and policy can also facilitate, or hinder the development of such housing. Local and State sales tax exemptions on building materials incorporated into rehabilitated real estate similarly can facilitate the

development of affordable housing. State and local tax law and policy can also discourage residential rehabilitation. Owners may be reluctant to make improvements in property because the improvements will increase real estate taxes. Frequently, there are low rates of return on rehabilitated low-income housing. Without tax credits or other public subsidies, the development often will not occur.

A reliance on local property taxes as funding for schools and other services ties the fiscal interest of the jurisdiction to the types of housing it allows. As a result, jurisdictions may be unwilling to zone for and/or approve affordable housing development, particularly multi-family rental developments containing large units for families.

Local governments also have been under specific statutory property tax caps for several years which limit local options on raising additional tax revenue for public improvements.

## **5 Cost and Availability of Land**

5 Cost and Availability of Land: Particularly in the city of Chicago's metropolitan areas, where the market rate cost of raw or developed land is prohibitively expensive, it is often the case that the development of affordable housing is made infeasible by high land costs. High land costs can be a barrier to affordable housing as the restricted rent levels or low for-sale prices often make the development of affordable housing infeasible and difficult. Largely "built out" communities have high land costs and have long been the norm, but, in recent years, other areas of the state have experienced similar land cost issues. The cost of vacant land has seen a significant upswing in costs in recent years.

It should also be noted that "available land" also needs to be fully evaluated for environmental factors due to past usages, as remediation costs may make a site infeasible for affordable housing.

## **6 Availability of Affordable and Accessible Housing**

Availability of Affordable and Accessible Housing: While not a barrier per se, the demand for affordable rental housing is evident and documented by renter waiting lists at assisted properties. This is true of most IHDA assisted properties, HUD Section 8/202/811 rent assisted properties, USDA Rural Development Section 515 properties, and privately-financed affordable housing. IHDA sees this as regularly in its site and market studies, ongoing asset management site visits, and reviews of PHA agency plans in non-Entitlement areas.

In addition, there is an ongoing need for a larger volume of available, accessible rental housing that is affordable. While federal and State statutes provide for the inclusion of accessibility provisions and housing units under most funding and assistance programs, it is a growing need among both persons with disabilities and the elderly populations. Unfortunately, since many in these populations are on fixed or limited incomes (SSI/SSDI as examples), the need for rental assistance is crucial. Most PHAs with Housing Choice Vouchers Programs and Project Based Vouchers/Project Based Rental Assistance also have extensive renter waiting lists.

Finally, affordable homeownership is frequently unavailable without some type of public subsidy, especially for first-time homebuyers. Lower interest rates, extended terms, and downpayment/closing cost assistance are frequently needed to make homeownership a reality. There is also a significant group of former homeowners who lost their homes during the foreclosure crisis and are trying to get back into homeownership.

## **7 Public Housing**

7 Public Housing The State of Illinois has 110 public authorities (PHAs). State law authorizes all counties as well as municipalities over 25,000 in population to form a PHA. In Illinois, 63 of these PHA's operate both public housing and Housing Choice Voucher Programs, 36 only own and operate public housing, and 10 operate only HCV programs. All of these local housing agencies are primarily dependent on federal (HUD) funding, including operating subsidies (currently funded @ 70% of eligibility) and capital fund grants. There is an industry produced backlog of approximately \$30 Billion in needed public housing repairs.

## **8 Preservation**

8 Preservation There is an ongoing need to provide refinancing and rehabilitation funding to existing affordable rental housing, especially those with long-term rental assistance contracts. These projects are competing for limited funding with new developments.

## **9 Homelessness**

-

9 Homelessness: Obstacles to meet underserved needs have historically been the need to identify unavailable or inadequate services and ongoing funding to fully implement them. Many areas of the State were not typically covered by a homeless services agency, making many organized types of assistance unavailable to homeless persons and families, especially those in remote rural areas. Through the Continuum of Care planning approach, the Illinois Department of Human Services has worked jointly with HUD and local governments, non-profit corporations, faith-based organizations, volunteer groups and others to identify a comprehensive approach to dealing with homelessness regionally and on a statewide basis of coverage.

## **10 Other Special Needs**

10 Other Special Needs: Many special needs populations have the dual problem of needing both specialized services and specific design features as well as affordable housing and rental assistance. The availability of an adequate supply of service-enriched housing, along with the supply of fully accessible housing for all persons with disabilities, is a large obstacle. Typical services needs include:

- Mental health services
- Addiction recovery/rehabilitation services
- Developmental disabilities services
- Medical/health services and screening
- Daily living services

The latter may include child and/or adult day care, transportation, housekeeping, congregate meals, and similar services. Having adequate services and ongoing funding available to maintain these special populations in this affordable housing are both crucial to housing special needs populations. There is also a common need for rental assistance to serve the disabilities population.

The State of Illinois is in the process of responding to three separate consent decrees for populations with specific disabilities or special needs. These include the *Ligas*, *Williams*, and *Colbert* decrees. The State is also working to implement its Money Follows the Person program. These programs are further described, with their current statuses in addressing housing issues in the Long-Term Care Reform chart. Please also visit IHDA's website at [to view this chart](#).

Similar to homeless and other affordable housing developments, there frequently is community/neighborhood opposition to the development of such special needs housing projects, both multi-unit and group homes. The major obstacle here again is often public education.

## MA-45 Non-Housing Community Development Assets -91.315(f)

### Introduction

The information below focuses on non-housing community development assets throughout Illinois. The following tables provide a brief overview of Illinois' workforce characteristics such as leading industry sectors, education attainment of its citizens and their related income.

### Economic Development Market Analysis

#### Business Activity

Business by Sector	Number of Workers	Number of Jobs	Share of Workers %	Share of Jobs %	Jobs less workers %
Agriculture, Mining, Oil & Gas Extraction	18,583	19,291	2	3	1
Arts, Entertainment, Accommodations	115,854	85,755	11	11	0
Construction	60,698	48,026	6	6	0
Education and Health Care Services	199,896	124,145	19	17	-2
Finance, Insurance, and Real Estate	64,336	37,579	6	5	-1
Information	19,335	12,358	2	2	0
Manufacturing	179,523	160,777	17	21	4
Other Services	43,082	28,450	4	4	0
Professional, Scientific, Management Services	63,069	31,621	6	4	-2
Public Administration	2	0	0	0	0
Retail Trade	159,915	112,558	15	15	0
Transportation and Warehousing	52,410	40,258	5	5	0
Wholesale Trade	67,635	49,315	6	7	1
Total	1,044,338	750,133	--	--	--

**Table 44- Business Activity**

Data Source: 2008-2012 ACS (Workers), 2011 Longitudinal Employer-Household Dynamics (Jobs)

## Labor Force

Total Population in the Civilian Labor Force	1,521,461
Civilian Employed Population 16 years and over	1,401,353
Unemployment Rate	7.89
Unemployment Rate for Ages 16-24	22.51
Unemployment Rate for Ages 25-65	5.05

**Table 45 - Labor Force**

Data Source: 2008-2012 ACS

Occupations by Sector	Number of People
Management, business and financial	261,670
Farming, fisheries and forestry occupations	50,203
Service	152,728
Sales and office	342,357
Construction, extraction, maintenance and repair	146,795
Production, transportation and material moving	103,813

**Table 46 – Occupations by Sector**

Data Source: 2008-2012 ACS

## Travel Time

Travel Time	Number	Percentage
< 30 Minutes	930,018	70%
30-59 Minutes	298,174	23%
60 or More Minutes	91,234	7%
<b>Total</b>	<b>1,319,426</b>	<b>100%</b>

**Table 47 - Travel Time**

Data Source: 2008-2012 ACS

## Education:

### Educational Attainment by Employment Status (Population 16 and Older)

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Less than high school graduate	64,546	11,319	63,297
High school graduate (includes equivalency)	363,656	31,983	125,590
Some college or Associate's degree	433,941	27,461	105,086

Educational Attainment	In Labor Force		Not in Labor Force
	Civilian Employed	Unemployed	
Bachelor's degree or higher	286,869	8,527	47,325

**Table 48 - Educational Attainment by Employment Status**

Data Source: 2008-2012 ACS

### Educational Attainment by Age

	Age				
	18–24 yrs	25–34 yrs	35–44 yrs	45–65 yrs	65+ yrs
Less than 9th grade	4,204	7,697	8,096	20,267	47,719
9th to 12th grade, no diploma	36,873	25,733	23,286	54,083	58,010
High school graduate, GED, or alternative	85,824	97,485	119,668	304,157	211,322
Some college, no degree	102,538	92,459	98,358	205,615	81,828
Associate's degree	21,236	39,812	46,159	84,903	15,066
Bachelor's degree	18,760	63,178	63,116	106,921	32,673
Graduate or professional degree	1,132	21,189	27,897	60,890	26,648

**Table 49 - Educational Attainment by Age**

Data Source: 2008-2012 ACS

### Educational Attainment – Median Earnings in the Past 12 Months

Educational Attainment	Median Earnings in the Past 12 Months
Less than high school graduate	0
High school graduate (includes equivalency)	0
Some college or Associate's degree	0
Bachelor's degree	0
Graduate or professional degree	0

**Table 50 – Median Earnings in the Past 12 Months**

Alternate Data Source Name:

2008-2012 ACS

Data Source Comments: Less than high school: \$21,018; High school graduate: \$28,313; Some college: \$34,998; Bachelor's: \$51,855; Graduate: \$67,516

### Based on the Business Activity table above, what are the major employment sectors within the state?

The top four employment sectors within the state are: Education and Health Care Services (19% of workers), Manufacturing (17% of workers), Retail Trade (15% of workers), and Arts, Entertainment, Accommodations (11% of workers).

## **Describe the workforce and infrastructure needs of business in the state.**

Illinois must leverage partnerships with companies and educational institutions to better align workforce development with market demands, including talent needs within information technology, energy and health sciences fields.

Governor Bruce Rauner is committed to strengthening Illinois' public education system by increasing state support for pre-K-12 education and promoting integrated cradle-to-career statewide systems of education and vocational training.

## **Describe any major changes that may have an economic impact, such as planned public or private sector investments or initiatives that have affected or may affect job and business growth opportunities during the planning period. Describe any needs for workforce development, business support or infrastructure these changes may create.**

A proposed public/private partnership, dedicated to improving the strength and perception of the Illinois economy and the state overall, will make Illinois more flexible, responsive, and lean, qualities that will help Illinois win jobs. Additionally, components of Governor Rauner's Turnaround Agenda will make Illinois more business friendly by reforming major cost drivers for businesses. Such reforms include transforming the workers' compensation system to bring costs in line with other states, reforming the state's judicial climate to rein in frivolous lawsuits, and adopting changes to unemployment insurance program.

As the business climate evolves, Illinois must continue to offer abundant educational opportunities and a high quality of life in order to ensure opportunities for businesses, employees and families to thrive.

## **How do the skills and education of the current workforce correspond to employment opportunities in the state?**

Some industries, in partnership with local workforce areas, community-based agencies and community colleges, have developed customized training programs that include on-the-job training components to help bridge the skills and education gaps of the current workforce to meet the requirements of the jobs in their industries.

Additionally, while Illinois produces a high proportion of well-educated individuals, especially in business and engineering, it needs to ensure those people can remain in Illinois by fostering a growth-oriented environment.

## **Describe current workforce training initiatives supported by the state. Describe how these efforts will support the state's Consolidated Plan.**

As Illinois moves toward full implementation of the new federal standards under the Workforce Innovation and Opportunity Act, it is also a leader in special initiatives sponsored by the US Department of Labor, the US Chamber of Commerce and the National Governors Association, including programs that accelerate the time individuals spend in training in order to obtain industry-recognized credentials in manufacturing, programs that expand work-based training opportunities for people with disabilities in IT, and new strategies for fully engaging employers in the development of on-the-job training and apprenticeships programs.

**Describe any other state efforts to support economic growth.**

According to the Small Business Administration, “While poor management is cited most frequently as the reason businesses fail, inadequate or ill-timed financing is a close second. Whether you’re starting a business or expanding one, sufficient ready capital is essential.” All businesses, both large and small, need adequate access to capital. Small businesses especially need financing in order to remain competitive with larger companies in the marketplace. Moreover, small businesses with limited equity, fewer assets to pledge as collateral for debt financing, uncertain earnings, and high failure rates have had a more difficult time than larger businesses when it comes to securing necessary capital. All of these factors combined can significantly limit access to adequate capital for small businesses. For practical purposes, the demand for seed capital by new business or small firms looking to expand in the State now falls to the banking community. For financial institutions, minimizing risks and improving loan-to-value ratios - especially given the continuing “credit crunch” - drive the environment for business finance in Illinois. The result appears to be a shortage of startup, expansion or working capital financing, especially for firms without a long business history or sufficient collateral to secure conventional financing.

**Discussion**

## **MA-50 Needs and Market Analysis Discussion**

### **Are there areas where households with multiple housing problems are concentrated? (include a definition of "concentration")**

In this statewide analysis, locations/regions where households with multiple housing problems are concentrated is defined as counties where multiple housing problems exist at a rate of at least 10% greater than that of the State as a whole. Housing problem concentration statewide was analyzed in the context of racial and ethnic households and household income-level in the Needs Assessment (see tables NA-15 through NA 30) Outside the core counties of the State's metropolitan areas, households with multiple housing problem concentrations are scattered in rural counties across the state.

2013 disaster funding priorities are \$3.42M in homeowner reconstruction, rehabilitation, elevation and mitigation (RREM) program and \$6.46M in public infrastructure. The RREM program will be accomplished in fiscal year 2015. The action plan outlining these priorities can be found on the following website:

<https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/2013CDBGDR.aspx>

The Ike and Midwest disaster funding priorities focus on completing previously awarded and currently underway projects in the affordable housing program, public infrastructure program, community stabilization program, economic development program and the property buyout program. New public infrastructure awards may be made to previous applicants that did not receive funding; funding order will be based upon previous ranking of the applications. All other programs are complete at this time. Information on the Midwest and Ike disaster funding priorities can be found at these websites:

<https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/MidwestDisasterRecovery.aspx> and

<https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/IKEDisasterRecovery.aspx>

### **Are there any areas in the jurisdiction where racial or ethnic minorities or low-income families are concentrated? (include a definition of "concentration")**

Technical assistance is being requested from HUD in order to include the list of R/ECAP census tracts in the State, and will be further addressed in the State's Fair Housing Assessment pending HUD's final rule.

### **What are the characteristics of the market in these areas/neighborhoods?**

In this statewide analysis, locations/regions where households with multiple housing problems are concentrated is defined as counties where multiple housing problems exist at a rate of at least 10% greater than that of the State as a whole. Technical assistance is being requested from HUD in order to

include the list of R/ECAP census tracts in the State, and will be further addressed in the State's Fair Housing Assessment pending HUD's final rule.

**Are there any community assets in these areas/neighborhoods?**

In this statewide analysis, locations/regions where households with multiple housing problems are concentrated is defined as counties where multiple housing problems exist at a rate of at least 10% greater than that of the State as a whole. Technical assistance is being requested from HUD in order to include the list of R/ECAP census tracts in the State, and will be further addressed in the State's Fair Housing Assessment pending HUD's final rule.

**Are there other strategic opportunities in any of these areas?**

In this statewide analysis, locations/regions where households with multiple housing problems are concentrated is defined as counties where multiple housing problems exist at a rate of at least 10% greater than that of the State as a whole.

Under the Low Income Housing Tax Credit Program's Qualified Allocation Plan (QAP), incentives to develop affordable housing in market areas that present new opportunities to low-income renters is included. IHDA defines Opportunity Areas as places that have low poverty, high access to jobs and low concentrations of existing affordable rental housing. The current IHDA Opportunity Areas and the metrics used to determine them are available in a fully searchable mapping tool. IHDA will publish a new list of Opportunity Areas every year with the Draft Qualified Allocation Plan and Opportunity Areas will retain the designation for at least 4 (four) years and as long as they meet the identification criteria. New Opportunity Areas may be added with each determination.

Additional technical assistance is being requested from HUD in order to include the list of R/ECAP census tracts in the State, and will be further addressed in the State's Fair Housing Assessment per HUD's final rule.

# Strategic Plan

## SP-05 Overview

### Strategic Plan Overview

The Strategic Plan Overview provides information on the State's priority needs, goals, and populations; as well as barriers to affordable housing. This section includes the State's anticipated funding resources which will be used to meet the State's outlined priority goals. This section also outlines homelessness, lead based paint hazard, and anti-poverty strategies.

The Strategic Plan Overview will cover the following subsections:

- SP-10 Geographic Priorities
- SP-25 Priority Needs
- SP-30 Influence of Market Conditions
- SP-50 Public Housing Accessibility and Involvement
- SP-55 Barriers to Affordable Housing
- SP-60 Homelessness Strategy
- SP-65 Lead based paint Hazards
- SP-70 Anti-Poverty Strategy
- SP-80 Monitoring

Beginning in 2016 (the second year of this 2015-2019 Consolidated Plan), the Strategic Plan includes as part of anticipated resources the newly funded National Housing Trust Fund.

## SP-10 Geographic Priorities – 91.315(a)(1)

### Geographic Area

Table 51 - Geographic Priority Areas

<b>1</b>	<b>Area Name:</b>	Statewide Distribution
	<b>Area Type:</b>	Statewide distribution via a competitive process or on a continuous basis per program parameters
	<b>Other Target Area Description:</b>	Statewide distribution via a competitive process or on a continuous basis per program parameters
	<b>HUD Approval Date:</b>	
	<b>% of Low/ Mod:</b>	
	<b>Revital Type:</b>	
	<b>Other Revital Description:</b>	
	<b>Identify the neighborhood boundaries for this target area.</b>	
	<b>Include specific housing and commercial characteristics of this target area.</b>	
	<b>How did your consultation and citizen participation process help you to identify this neighborhood as a target area?</b>	
	<b>Identify the needs in this target area.</b>	
	<b>What are the opportunities for improvement in this target area?</b>	
<b>Are there barriers to improvement in this target area?</b>		

### General Allocation Priorities

Describe the basis for allocating investments geographically within the jurisdiction (or within the EMSA for HOPWA)

The State has identified very and extremely low-income households as one of the priority populations under the Consolidated Plan. The Authority also puts a high value on quality location of projects and availability of resources and access to amenities. HUD provides CDBG funds to DCEO primarily for rehabilitation in projects in non-entitlement/non-urban areas. Since the CDBG program does limit the ability to utilize CDBG funds for housing beyond housing rehabilitation, the Illinois Department of

Commerce and Economic Opportunity as administrator of CDBG targets CDBG funds to owner-occupied households in non-entitlement/non-urban areas. Under the HOME Program, IHDA expends the majority of its HOME Program funding for rental housing through its rental housing development program and through its Single Family Owner Occupied Rehabilitation Program. To some extent, the expenditure of CDBG, HOME Program, National Housing Trust Fund (NHTF) and other program funds on housing programs is driven by the market. The Authority's impact in opportunity areas within the State is limited by applications for funding in these areas, but is interested in partnering with other community organizations. The State is also exploring opportunities to expend significant HOME funds in areas with identified concentrations of low-income and minority populations. Given the relatively small size of the first-year and anticipated future HTF allocations, IHDA will not establish geographic set-asides, but will strive to achieve maximum geographic diversity in its final funding decisions.

The State has not established a policy of targeting its funds within already federally or State-defined eligible areas of the State to more specific jurisdictions or regions. If absolute need numbers were used to determine resource allocations of programs, areas with less densely populated communities (e.g. rural areas, small cities, suburban areas with comparatively lower numbers of low and very low-income households versus total households) would be discriminated against, as most of the assistance would then go to large urban centers exclusively. The State agencies administering Federal and State programs will continue to make concerted efforts to provide more outreach and technical assistance (e.g. workshops) to eligible applicants to ensure that information on affordable housing, economic development and public facilities programs is available on an equitable basis.

CDBG/Community Development Assistance Program grant funding is only available to communities that are not direct entitlements (receive their own direct CDBG allocation).

ESG is geographically dispersed to the Illinois Continuum of Care agencies.

## SP-25 Priority Needs – 91.315(a)(2)

### Priority Needs

Table 52 – Priority Needs Summary

<b>1</b>	<b>Priority Need Name</b>	Affordable Housing
	<b>Priority Level</b>	High
	<b>Population</b>	Extremely Low Low Large Families Families with Children Elderly
	<b>Geographic Areas Affected</b>	Statewide distribution via a competitive process or on a continuous basis per program parameters
	<b>Associated Goals</b>	Multifamily Affordable Housing Single Family Owner Occupied Rehabilitation National Housing Trust Fund Goals
	<b>Description</b>	Funds available through HOME fund an array of programs which provide rental assistance and fund the construction and rehabilitation of affordable housing. Funding also became available through the National Housing Trust funding beginning in the second year of this Five-Year Consolidated Plan. NHTF provides funds for rental housing/renters to benefit Extremely Low Income Households at 30% AMI or below.
	<b>Basis for Relative Priority</b>	The Market Analysis section discusses the state's current housing stock in detail. Much of the state's housing stock was built prior to 1980 and may be in need of rehabilitation. The rehabilitation of both renter-occupied and owner-occupied housing will help preserve units that are in danger of being lost from the housing stock.  Household incomes are not increasing at the same rate as housing costs. Units throughout the state are becoming significantly cost burdened. The construction of new affordable units will help increase the number of affordable units in the state's housing stock.  Lastly, rental assistance programs will help households gain access to the state's current housing stock.
<b>2</b>	<b>Priority Need Name</b>	Homelessness

	<b>Priority Level</b>	High
	<b>Population</b>	Extremely Low Low Rural Chronic Homelessness Individuals Families with Children Mentally Ill Chronic Substance Abuse veterans Persons with HIV/AIDS Victims of Domestic Violence Unaccompanied Youth
	<b>Geographic Areas Affected</b>	Statewide distribution via a competitive process or on a continuous basis per program parameters
	<b>Associated Goals</b>	Prevent Homelessness Provide emergency shelter to homeless Rapid Rehousing of Homeless Street Outreach to Homeless
	<b>Description</b>	Funds available through ESG assist local governments and nonprofit organizations in funding emergency shelters and providing other social services to homeless and at-risk homeless populations.
	<b>Basis for Relative Priority</b>	Disparities in health, employment, education, familial structure, and racial disparity can be linked to instability and an increased risk of homelessness.
<b>3</b>	<b>Priority Need Name</b>	Special Needs
	<b>Priority Level</b>	High

	<b>Population</b>	Extremely Low Low Elderly Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence
	<b>Geographic Areas Affected</b>	Statewide distribution via a competitive process or on a continuous basis per program parameters
	<b>Associated Goals</b>	Housing for Persons with HIV/AIDS National Housing Trust Fund Goals
	<b>Description</b>	Funds available through HOME, CDBG, HOPWA and the National Housing Trust Fund to fund an array of programs which provide rental assistance, transition assistance, counseling and other outreach services to persons with special needs.
	<b>Basis for Relative Priority</b>	Due to the United States Supreme Court decision in Olmstead v. L.C, 527 U.S. 581 (1999) regarding the Americans with Disabilities Act of 1990, states (of which include Illinois) are transitioning individuals with disabilities out of institutional living and into the least restrictive housing available. Rental assistance and other services that assist with this special needs population, and other (such as ex-offenders, veterans, emancipated youth, frail elderly, victims of domestic violence and persons living with HIV/AIDS) is needed throughout the state.
<b>4</b>	<b>Priority Need Name</b>	Community and Economic Development
	<b>Priority Level</b>	High

<b>Population</b>	Extremely Low Low Large Families Families with Children Elderly Elderly Frail Elderly Persons with Mental Disabilities Persons with Physical Disabilities Persons with Developmental Disabilities Persons with Alcohol or Other Addictions Persons with HIV/AIDS and their Families Victims of Domestic Violence Non-housing Community Development
<b>Geographic Areas Affected</b>	Statewide distribution via a competitive process or on a continuous basis per program parameters
<b>Associated Goals</b>	Economic Development Public Infrastructure Activities Single Family Owner Occupied Rehabilitation
<b>Description</b>	Funds available through the CDBG/Community Development Assistance Program fund an array of programs, providing assistance which can include: housing rehabilitation and public infrastructure improvements, among other activities. Activities under this priority need (such as public infrastructure improvements) can also assist in Economic Development through job creation and retention. Grant funds through CDAP and CDBG are available to non-entitlement cities and counties on a competitive basis.
<b>Basis for Relative Priority</b>	There is a need for non-entitlement communities to provide specific services to their communities based on community specific needs.

**Narrative (Optional)**

## SP-30 Influence of Market Conditions – 91.315(b)

### Influence of Market Conditions

Affordable Housing Type	Market Characteristics that will influence the use of funds available for housing type
Tenant Based Rental Assistance (TBRA)	The limited availability of funds for the development of housing is prohibitive to the provision of TBRA.
TBRA for Non-Homeless Special Needs	The limited availability of funds for the development of housing is prohibitive to the provision of TBRA.
New Unit Production	New unit production is dependent on the availability, affordability, and suitability of the housing stock in the market area.
Rehabilitation	Community revitalization, as well as the ongoing need for preservation of aging housing stock is the primary influence on the use of funds for rehabilitation.
Acquisition, including preservation	Acquisition is not a priority per se, except as part of rehabilitation, revitalization, and preservation as noted above.

**Table 53 – Influence of Market Conditions**

**SP-35 Anticipated Resources - 91.315(a)(4), 91.320(c)(1,2)**

**Introduction**

**Anticipated Resources**

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	26,188,994	0	8,669,898	34,858,892	104,755,976	The 2015 allocation for Illinois' CDBG/Community Development Assistance Program is just over \$26 million. It is anticipated the allocation will increase annually as smaller entitlement programs are transitioned to the State program.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	Acquisition Homebuyer assistance Homeowner rehab Multifamily rental new construction Multifamily rental rehab New construction for ownership TBRA	11,156,773	3,500,000	4,000,000	18,656,773	44,600,000	

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	1,172,213	0	340,445	1,512,658	4,680,000	HOPWA funds will be used to provide housing and supportive services to individual living with HIV/AIDS.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing	4,711,779	0	0	4,711,779	18,847,116	2015 ESG funds will be used for street outreach, emergency shelter, homeless prevention, rapid rehousing, HMIS, and administration.
Housing Trust Fund	public - federal	Multifamily rental new construction Multifamily rental rehab Other	0	0	0	0	16,000,000	The National Housing Trust Fund is a new affordable housing production program to increase and preserve the supply of decent, safe, and sanitary affordable housing for extremely low- and very low-income households, including homeless families. 2016 is the initial year of funding under NHTF

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Other	public - federal	Public Improvements	14,400,000	0	0	14,400,000	0	The State of Illinois expects to obligate approximately \$4 million of remaining IKE funds and \$10,600,000 in Sandy Disaster Recovery funds in 2015. Although a need for Housing has been indicated in our CDBG-DR Action Plan, and a Housing Rehabilitation program has been offered, as of this date we have not received any applications. Therefore we anticipate all funds to be expended on public infrastructure components.

Table 54 - Anticipated Resources

**Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied**

**ACCEPTABLE SOURCES OF HOME MATCH**

- \* Local or State general revenues
- \* Housing Trust Funds
- \* Foundations, donations

- \* Program Income from HODAG, RRP or UDAG only after grant closeout
- \* Value of waived taxes, fees or charges
- \* Appraisal value of land or real property not acquired with Federal Funds
- \* Difference between appraised value and acquisition cost, if property is acquired with Federal funds
- \* Grant equivalent of below market
- \* interest rate loans to the project
- \* The cost of investments not made with federal resources, in on- and off-site infrastructure that is directly required for the affordable housing assisted with HOME funds
- \* Federal Home Loan Bank grants
- \* Value of donated materials or labor
- \* Direct cost of supportive services that facilitate independent living or as part of a self-sufficiency program
- \* Direct cost of homebuyer counseling for families that complete a HOME assisted purchase.

**UNACCEPTABLE SOURCES OF HOME MATCH**

All federal funds, including: CDBG funds, Rental Rehabilitation Program, Homeless housing programs, Weatherization, etc.

Value attributable to federal tax credits

The interest rate subsidy attributable to the federal tax exemption on financing

Owner equity or investment in a project

Cash or other forms of contributions from investors, applicants for, or recipients of HOME assistance or contracts

Expenditures on program administration

**ESG:**

Each grant recipient must supplement its Emergency Solutions Grant funds with an equal or greater amount of funds from other sources. 50% of the match must be cash. The amount available for matching fund purposes must be injected during the grant period.

Acceptable sources of match for ESGP are the State of Illinois DHS Homeless Prevention and Emergency & Transitional Housing Programs, Community Services Block Grant, FEMA, and any other source including any Federal source other than the ESG program. If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the ESG matching requirements. Matching contributions must meet all requirements that apply to ESG funds, the funds must be provided after the date that HUD signs the grant agreement, cash contributions must be expended with the expenditure deadline and noncash contributions must be made within the expenditure deadline. The matching requirement may be met by cash contributions and/or noncash contributions.

**CDBG/Community Development Assistance Program:**

The State must match all but \$100,000 of the funds received for program administration. Local Public Infrastructure grantees are required to commit a minimum of 25% to the project while Economic Development grants must be matched dollar for dollar. Housing Rehabilitation grants do not require leverage.

**National Housing Trust Fund (NHTF)**

For the NHTF, Projects which are able to commit other non-federal funds as part of their project financing will be given additional consideration. There is no State or local match requirements for NHTF, but IHDA anticipates most NHTF-funded projects will be highly leveraged.

**If appropriate, describe publically owned land or property located within the state that may be used to address the needs identified in the plan**

Individual State agencies are not authorized to acquire/own real property. The Illinois Department of Central Management Services (CMS) is responsible for ownership and management of State facilities. Uses are statutorily limited, and do not currently include affordable housing.

**Discussion**

The State's strategy includes the coordination of Low Income Housing Tax Credits(LIHTCs) with the development of housing that is affordable to low-income and moderate-income families. As the State's LIHTC allocating agency, IHDA coordinates the development of the annual Qualified Allocation Plan (QAP). Besides the program's already statutory targeting to households at 60% of area median income or below, IHDA has built a number of factors into its application scoring system to incentivize better targeting to lower-income households. These include the following point categories: Rental Assistance; Larger Units; Green Building (lower utility bills); Rehabilitation (of existing housing); Community Revitalization Plans; 30% AMI Housing 10-15%); and Statewide Referral Network (SRN) units, which target 10-15% of a property's units to persons/households who are homeless/at-risk of homelessness or have a disability. All of these scoring criteria are aimed at incentivizing project applications which include deeper targeting to low- and moderate-income families.

## SP-40 Institutional Delivery Structure – 91.315(k)

Explain the institutional structure through which the jurisdiction will carry out its consolidated plan including private industry, non-profit organizations, and public institutions.

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
ILLINOIS HOUSING DEVELOPMENT AUTHORITY	Government	Ownership Rental	State
Illinois Department of Commerce and Economic Opportunity	Government	Economic Development Ownership public facilities	Other
Illinois Department of Human Services	Government	Homelessness Non-homeless special needs	State
Illinois Department of Public Health	Government	Non-homeless special needs Rental	Other
Illinois Department on Aging	Government	Non-homeless special needs	State
Illinois Department of Healthcare and Family Services	Government	Non-homeless special needs	State
US Dept of Housing and Urban Development Region V Office	Government	Economic Development Homelessness Non-homeless special needs Ownership Planning Public Housing Rental neighborhood improvements public facilities public services	Region

Responsible Entity	Responsible Entity Type	Role	Geographic Area Served
US Department of Agriculture - Rural Development	Government	Economic Development Ownership Rental public facilities	State
Federal Home Loan Bank	Government	Ownership Rental	State
Illinois Department of Human Rights	Government	Public Housing	State
Public Housing Authorities	PHA	Public Housing Rental	Jurisdiction
Community Action Agencies	Non-profit organizations	Economic Development Homelessness Ownership Rental public facilities	Other
Community Development Block Grant Entitlement Grantees	Government	Economic Development Homelessness Non-homeless special needs Ownership Planning Rental neighborhood improvements public facilities public services	Jurisdiction
Continuum of Care Agencies	Non-profit organizations	Homelessness	Jurisdiction
Illinois Housing Council	Non-profit organizations	Rental	State

**Table 55 - Institutional Delivery Structure**

**Assess of Strengths and Gaps in the Institutional Delivery System**

The ESG program requires that the Continuum of Care organizations provide recommendations to the state for ESG funding. This concept ensures that the ESG funds are awarded to the areas where the need is the greatest and that the entire state is covered. The majority of the providers offer assistance in the way of life skills training, job interviewing skills, counseling, transportation to other mainstream

services, etc. These types of assistance are offered to homeless individuals and families, at risk of homelessness individuals and families, veterans, persons with HIV, etc.

At least six Continua of Care (CoCs) provided each and every service mentioned in the table below, to the community and targeted to the homeless. Every single CoC provided counseling and advocacy in the community and targeted to homelessness. Homelessness Prevention Services and Supportive Services were stronger categories for the CoCs. See the detailed information below that speaks to the number of CoCs that provide each of these checked services to the community and the homeless.

#### HOMELESS PREVENTION SERVICES | Available to the Community | Targeted to Homelessness

Counseling/Advocacy | 20 | 20

Legal Assistance | 20 | 14

Mortgage Assistance | 19 | 9

Rental Assistance | 20 | 19

Utilities Assistance | 20 | 16

#### STREET OUTREACH SERVICES

Law Enforcement | 15 | 6

Mobile Clinics | 11 | 8

Other services | 10 | 6

#### SUPPORTIVE SERVICES

Alcohol and Drug Abuse | 20 | 16

Child Care | 20 | 13

Education | 20 | 15

Employment and Employment Training | 20 | 15

Healthcare | 20 | 15

HIV/AIDS | 19 | 14

Life Skills | 19 | 16

Mental Health Counseling | 20 | 19

Transportation | 20 | 15

**Availability of services targeted to homeless persons and persons with HIV and mainstream services**

<b>Homelessness Prevention Services</b>	<b>Available in the Community</b>	<b>Targeted to Homeless</b>	<b>Targeted to People with HIV</b>
<b>Homelessness Prevention Services</b>			
Counseling/Advocacy	X	X	X
Legal Assistance	X	X	
Mortgage Assistance	X	X	
Rental Assistance	X	X	X
Utilities Assistance	X	X	
<b>Street Outreach Services</b>			
Law Enforcement	X	X	
Mobile Clinics	X		
Other Street Outreach Services	X	X	
<b>Supportive Services</b>			
Alcohol & Drug Abuse	X	X	X
Child Care	X	X	X
Education	X	X	X
Employment and Employment Training	X	X	X
Healthcare	X	X	X
HIV/AIDS	X	X	X
Life Skills	X	X	X
Mental Health Counseling	X	X	X
Transportation	X	X	X
<b>Other</b>			

**Table 56 - Homeless Prevention Services Summary**

**Describe the extent to which services targeted to homeless person and persons with HIV and mainstream services, such as health, mental health and employment services are made available to and used by homeless persons (particularly chronically homeless individuals and families, families with children, veterans and their families and unaccompanied youth) and persons with HIV within the jurisdiction**

Each agency is required to be a participating member of the Continuum of Care, the State requests that the CoC recommend which agencies within their Continuum should be funded and the amount of the funding. This allows the area that is covered by each CoC to be blanketed with adequate resources based on the need of the area.

The twenty Continua of Care (CoCs) work with a variety of state agencies, organizations, and programs across the state. The majority of continuums receive Emergency Shelter Grants (ESGs) from the Department of Human Services (DHS). Some use these funds to prevent homelessness, for things such as rental assistance, utility assistance, and mortgage assistance. Others use it to provide shelters for victims of domestic violence or for rapid rehousing programs. Several continuums work with DCEO through an ESG, the Community Services Block Grant (CSBG), or the Low Income Housing Energy Assistance (LIHEA) program. At least seven continuums note they focus on working with the chronically homeless; three with people that have mental health histories; three with victims of domestic violence, three with veterans; two with people that have substance abuse pasts; and at least one that works with people with HIV/AIDS, developmental disabilities, or that were formally incarcerated. At least one continuum each mentioned involvement with Public Housing Authorities (PHAs), the Department of Mental Health (DMH), the Department of Child and Family Services (DCFS), and the Department of Corrections. At least three stated they worked with their local VASH and SSVF programs. Continuums are also involved with national and more regional housing advocacy or policy organizations: at least one is involved with the state CoC Board, one with the Interagency Council on Homelessness (ICH), two with Housing Action Illinois, and one with Supportive Housing Providers Association (SHPA). Illinois' continuums work with a range of state agencies and other organizations to serve their target populations, whether it is to prevent homelessness or provide permanent supportive housing for unstable households.

**Describe the strengths and gaps of the service delivery system for special needs population and persons experiencing homelessness, including, but not limited to, the services listed above**

The Illinois HOPWA program provides funding to housing facilities that provide assistance to persons who are experiencing homelessness. The inability to receive services for any reason would hinder access to treatment for persons living with HIV/AIDS. Housing facilities are providing much needed services such as, case management and other supportive services. The primary goals of the programs are to ensure the continuity of care, to promote self-sufficiency to those who are experience homelessness.

Each Continuum of Care (CoC) has its own, individual set of strengths and weaknesses. Therefore, there were very few trends in the responses given to the State. Nine CoCs believe collaboration between housing advocates at a myriad of agencies and organizations is a major strength; two CoCs see collaboration as a gap in their services. Data collections is seen as a strength for three CoCs but a weakness for Champaign. Four CoCs believe their dedicated community partners and volunteers, and their active CoC members are strengths. Other strengths listed included: a drop-in center, access to public

transportation, an active faith-based community, a 211 referral line, comprehensive housing options, goal to eliminate chronic and veteran homelessness with aggressive monthly placements, and quality service. Five CoCs emphasized a major gap was simply the lack of affordable housing in their areas. Four CoCs stressed that clear gaps in their service were a need for emergency shelter options, inadequate funding for emergency funds, such as rental and utility assistance, and the need for more permanent supportive housing (PSH) units. Other gaps included no housing for felons and parolees, no detoxification services, a need for more street outreach, lack of supportive services, a lack of living wage jobs, a need for better mental health services, inadequate amount of volunteers and staff, an aging housing stock, a need for better transportation options, a lack of large housing units, and a loss of much needed transitional housing due to HUD budget cuts.

**Provide a summary of the strategy for overcoming gaps in the institutional structure and service delivery system for carrying out a strategy to address priority needs**

Each HIV Care Connect Region is required to be a member of the local continuum of Care to ensure that needed services are included and provided to persons living with HIV/AIDS. HIV Care Connect members address the wide variety and growing needs of the homeless and persons living with HIV/AIDS. The IDPH HIV/AIDS section meets quarterly with the HIV Care Regions project directors and consumer representatives. This group is used as an advisory body in the use of Ryan White Part B and HOPWA funds and strategy to overcome gaps in services. In addition, an affinity session has been hosted by IDPH at its annual HIV/AIDS/STD conference in an attempt to solicit public input regarding the use of funds and services that will need to be provided.

Five CoCs stated that Coordinated Intake and Assessment plans and applying for more, non-federal or non-HUD funding were strategies to overcome gaps. Other strategies included creating a re-entry task force, diverting incarceration of people with substance abuse and mental health issues, establishing an emergency shelter for a needed demographic group, reallocating funds from one program to another, outreach to landlords, designating a homeless preference at the public housing authority (PHA), finding local funders for supportive services, creating a managed care system, increasing efficiency of funding, and developing a strategic plan or gaps analysis.

## SP-45 Goals Summary – 91.315(a)(4)

### Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Multifamily Affordable Housing	2015	2019	Affordable Housing	Statewide Distribution	Affordable Housing	CDBG: \$0 HOME: \$50,000,000 CDBG-DR: \$0	Rental units constructed: 370 Household Housing Unit  Rental units rehabilitated: 148 Household Housing Unit
2	Single Family Owner Occupied Rehabilitation	2015	2019	Affordable Housing	Statewide Distribution	Affordable Housing Community and Economic Development	CDBG: \$32,500,000 CDBG-DR: \$0	Homeowner Housing Rehabilitated: 750 Household Housing Unit
3	Provide emergency shelter to homeless	2015	2019	Homeless	Statewide Distribution	Homelessness	CDBG: \$0 ESG: \$11,188,314 CDBG-DR: \$0	Homeless Person Overnight Shelter: 87500 Persons Assisted
4	Prevent Homelessness	2015	2019	Homeless	Statewide Distribution	Homelessness	CDBG: \$0 ESG: \$4,847,918 CDBG-DR: \$0	Homelessness Prevention: 15000 Persons Assisted
5	Rapid Rehousing of Homeless	2015	2019	Homeless	Statewide Distribution	Homelessness	CDBG: \$0 ESG: \$4,554,299 CDBG-DR: \$0	Tenant-based rental assistance / Rapid Rehousing: 5000 Households Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
6	Housing for Persons with HIV/AIDS	2015	2019	Non-Homeless Special Needs	Statewide Distribution	Special Needs	CDBG: \$0 HOPWA: \$5,800,000 CDBG-DR: \$0	Tenant-based rental assistance / Rapid Rehousing: 75 Households Assisted  Homelessness Prevention: 875 Persons Assisted  HIV/AIDS Housing Operations: 300 Household Housing Unit
7	Public Infrastructure Activities	2015	2019	Non-Housing Community Development	Statewide Distribution	Community and Economic Development	CDBG: \$84,016,625 HOPWA: \$0 HOME: \$0 ESG: \$0 CDBG-DR: \$14,400,000	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 202800 Persons Assisted  Public Facility or Infrastructure Activities for Low/Moderate Income Housing Benefit: 39933 Households Assisted
8	Economic Development	2015	2019	Non-Housing Community Development	Statewide Distribution	Community and Economic Development	CDBG: \$10,000,000 CDBG-DR: \$0	Jobs created/retained: 666 Jobs  Businesses assisted: 13 Businesses Assisted
9	Street Outreach to Homeless	2015	2019	Homeless	Statewide Distribution	Homelessness	ESG: \$489,213	Other: 3250 Other

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
10	National Housing Trust Fund Goals	2016	2019	Affordable Housing	Statewide Distribution	Affordable Housing Special Needs	Housing Trust Fund: \$16,000,000	Rental units constructed: 66 Household Housing Unit  Rental units rehabilitated: 44 Household Housing Unit

Table 57 – Goals Summary

**Goal Descriptions**

1	<b>Goal Name</b>	Multifamily Affordable Housing
	<b>Goal Description</b>	Preserve and maintain the availability of affordable housing through the rehabilitation or and/or the construction of multifamily housing.

2	<b>Goal Name</b>	Single Family Owner Occupied Rehabilitation
	<b>Goal Description</b>	<p>Maintain the affordability and safety of housing through the rehabilitation of single family homes.</p> <p>To address Illinois' housing needs after a disaster, the State will undertake a number of initiatives including:</p> <ul style="list-style-type: none"> <li>• Providing funding assistance for reconstruction and rehabilitation programs that focus primarily, but not exclusively, on low and moderate income households</li> <li>• Developing adequate housing that will meet building standards and incorporate mitigation measures including green technologies where feasible and/or housing elevations which may require construction to FEMA's Flood Elevation maps</li> <li>• Providing resettlement and re-occupancy incentives to homeowners contemplating selling or abandoning their homes post-storm</li> <li>• Developing affordable rental housing across household income levels, with a focus on serving low and moderate income households and priority given to the thirteen counties identified by HUD as most impacted by the storm</li> <li>• Developing a housing plan for supportive services for special needs populations</li> </ul>
3	<b>Goal Name</b>	Provide emergency shelter to homeless
	<b>Goal Description</b>	Provide funding for operating costs and services in homeless shelters in Illinois.
4	<b>Goal Name</b>	Prevent Homelessness
	<b>Goal Description</b>	Reduce the number of families and individuals who become homeless for the first time.
5	<b>Goal Name</b>	Rapid Rehousing of Homeless
	<b>Goal Description</b>	The goal for the State is to reduce the average length of time persons are homeless, and reduce the number of families and individuals who are homeless.

6	<b>Goal Name</b>	Housing for Persons with HIV/AIDS
	<b>Goal Description</b>	The Illinois Department of Public health administers the HOPWA Program. Funds are distributed to seven local HIV Care Connect Regions outside of the Chicago and St. Louis EMA. Funds are provided for short-term rent, mortgage, and utility assistance and supportive service to qualified individuals and families who are residing in a home (as a homeless prevention activity). Provide housing, social and support services, program planning to special needs populations. Number of people with HIV/AIDS at or below 80 percent area medium income that will be newly served is estimated at 126 with housing assistance.
7	<b>Goal Name</b>	Public Infrastructure Activities
	<b>Goal Description</b>	<p>Total requests for public infrastructure program funding have consistently outpaced the amount of available funding by as much as 4 to 1. This trend will likely continue as communities struggle to find funding to deliver critical resources. This goal includes public infrastructure (water/sewer), public infrastructure plus design assistance for communities without resources, and emergency public infrastructure for communities with unexpected and urgent needs. Goal outcomes are based on 51% LMI.</p> <p>Programs for the long-term recovery of infrastructure and public facilities will be coordinated with local and regional efforts and will leverage funding from FEMA Public Assistance and other funding sources. Repairing and restoring public infrastructure that was damaged will involve infrastructure initiatives including:</p> <ul style="list-style-type: none"> <li>• Undertaking planning studies to assess strategic infrastructure initiatives inclusive of hazard mitigation plans and incorporating results of planning studies in constructing more resilient infrastructure projects d L</li> <li>• Developing a match program to subsidize the local cost share of public assistance projects</li> </ul>
8	<b>Goal Name</b>	Economic Development
	<b>Goal Description</b>	Many industries wishing to develop or expand in rural Illinois confront two types of gaps in realizing their project. First, there is often a gap in physical infrastructure necessary to accommodate a new or expanding business. Second businesses are often unable to access sufficient capital at an affordable cost to ensure the project's viability.

9	<b>Goal Name</b>	Street Outreach to Homeless
	<b>Goal Description</b>	Provide street outreach services to reduce the number of unsheltered homeless.
10	<b>Goal Name</b>	National Housing Trust Fund Goals
	<b>Goal Description</b>	The National Housing Trust Fund (NHTF) is a new affordable housing production program to increase the supply of decent, safe, and sanitary affordable housing for extremely low- and very low-income households, including homeless families.

**Estimate the number of extremely low-income, low-income, and moderate-income families to whom the jurisdiction will provide affordable housing as defined by HOME 91.315(b)(2)**

In reference to the Goal Outcome Indicator above, the number of extremely low, low- and moderate-income families to whom the jurisdiction will provide affordable housing for both CDBG and HOME are as follows:

1. Multifamily Affordable Housing: 74 units@<30%; 148 units@31%-50%; and 148 units@51%-60%
2. Singlefamily Owner Occupied Rehab CDBG: 196 units@<30%; 391 units@31%-50%; 130 units@51%-60%; and 262@61%-80%

With the funding of SF HOME activities dependent on sufficient funding by HUD to support both multifamily and singlefamily activities, the State has earmarked State Housing Trust Fund resources for single-family home-ownership and rehabilitation activities.

## **SP-50 Public Housing Accessibility and Involvement – 91.315(c)**

### **Need to Increase the Number of Accessible Units (if Required by a Section 504 Voluntary Compliance Agreement)**

IHDA administered the rental housing portion of the CDBG-IKE disaster recovery funding received by DCEO in 2011. The portion totalled approximately \$18 million. This included funding for permanent supportive housing, USDA-RD Section 515, and public housing rehabilitation. Under the latter, IHDA funded projects with five PHAs which included handicapped accessibility and energy efficiency improvements in their existing properties. Given IHDA's increased emphasis on enhanced accessibility under its LIHTC program, IHDA also anticipates continued work with a number of housing authorities doing mixed financing, under which accessibility improvements will be a major part of these rehabilitation and development efforts. This will become increasingly important with PHAs involved in HUD's Rental Assistance Demonstration Program, of which IHDA has already approved five such projects. IHDA also requests PHAs in non-CDBG Entitlement areas to voluntarily provide inventory information on accessible housing units as part of its PHA Agency Plan review for Consolidated Plan Certification of Consistency

Using the Low Income Housing Tax Credit program, the HOME program and other federal, State and local resources available, the Illinois Housing Development Authority (IHDA) will assist in funding the construction, acquisition and rehabilitation of decent, safe, affordable and accessible units statewide.

### **Activities to Increase Resident Involvements**

Since the passage of QHWRA of 1998, PHAs have been required to have a resident commissioner. Local Public Housing Authorities statewide increase resident involvement through meetings and resident participation activities required under their PHA Agency Plans. Additional opportunities for resident input exist at those local PHAs receiving ROSS, Service Coordinator, and Family Self-Sufficiency funding from HUD. The State will also make efforts to build consensus statewide on strategies to increase resident participation through survey and increased data/information gathering, the OHCS Advisory Committee, and additional coordination efforts.

### **Is the public housing agency designated as troubled under 24 CFR part 902?**

N/A

### **Plan to remove the 'troubled' designation**

There are 110 local Public Housing Authorities in the State of Illinois. Those PHAs in a community not covered by a local Consolidated Plan are included in the State's jurisdiction. The HUD Office of Public and Indian Housing (PIH) generates a list of 'troubled' PHAs each quarter. The Illinois Housing Development Authority will periodically consult with HUD on those PHAs located within the State

jurisdiction designated as troubled, and include this information in the Annual Action Plan and Annual Performance Report.

The Illinois Housing Development Authority plans to consult with HUD on those PHAs within the State jurisdiction designated as troubled, and will provide outreach to the troubled PHA upon request and as needed. IHDA will also be available to meet with HUD officials to discuss areas where it may be able to provide technical assistance to assist local PHA(s) to remove this classification. These actions are discussed in more detail in AP-60.

## **SP-55 Barriers to affordable housing – 91.315(h)**

### **Barriers to Affordable Housing**

The subsequent narrative will provide detail on the following identified barriers:

1. Building Codes
2. Home Rule
3. Impact Fees
4. Property Taxes
5. Cost and Availability of Land
6. Availability of Affordable and Accessible Housing
7. Public Housing
8. Preservation
9. Homelessness
10. Other Special Needs

### **Strategy to Remove or Ameliorate the Barriers to Affordable Housing**

Some ten (10) general statements and potential barriers were included in MA-40, the Market Analysis section of this Five-Year Plan initial on Building Codes, Home Rule, Impact Fees, and Property Taxes were included to better describe the regulatory government under which affordable housing in Illinois currently operates. The State's strategy for the other identified barriers is as follows:

#### **Barrier 5. Cost/Availability of Land**

The Illinois Housing Development Authority (IHDA) will continue to prepare the Housing Affordability Impact Notes for all requested State legislation, requested by State legislators. The Housing Affordability Impact Note states: "Every bill, except those making a direct appropriation, the purpose or effect of which is to directly increase or decrease the cost of constructing, purchasing, owning, or selling a single family residence shall have prepared for it, before second reading in the house of introduction, a brief explanatory statement or note that shall include a reliable estimate of the anticipated impact." In 2014, IHDA prepared and submitted 108 such requests for State legislators and will continue to perform this role in the current and subsequent years.

#### **Barrier 6: Affordability/Accessibility of Housing**

Illinois Housing Locator System: ILHousingSearch.org is an online, web-based affordable housing locator established by IHDA in 2008 which lists all available affordable housing throughout the state based on landlord interest. Users are able to search for affordable housing by geographical location, size, price, accessibility features, amenities, eligibility criteria, and more. All Statewide Referral Network (SRN) units are also listed on ILHousingSearch.org along with an array of other affordable and special needs housing. The Illinois Housing Development Authority (IHDA) participates in an interagency agreement with the

Illinois Department of Healthcare and Family Services, the Illinois Department of Human Services, and the Illinois Department on Aging, along with the Office of the Governor, to maintain and continue developing ILHousingSearch.org for all these mutual customers.

**AHPAA Implementation:** The Affordable Housing Planning and Appeal Act (AHPAA) was passed into law by the Illinois General Assembly in 2003. It encourages affordable housing production in communities (municipalities with populations over 1,000, and counties) throughout the state by requiring communities with less than 10% affordable housing stock (known as 'non-exempt' communities) to participate in activities that promote affordable housing in their communities. Non-exempt communities are required to produce and approve an affordable housing plan 18 months after the date of their non-exempt notification. While there no major enforcement processes in this law, it codifies the states intent in providing affordable housing. The AHPAA also established the State Housing Appeals Board (SHAB), appointed by the Governor, which are responsible for hearing appeals received from developers who feel that one of their development proposals have been unfairly denied, or unreasonable conditions were placed upon the tentative approval of the development to make it economically feasible to carry out, by a non-exempt local government. IHDA has continued to provide a set-aside for projects located in AHPAA and "at risk" communities each year in its Low Income Housing Tax Credit (LIHTC) Qualified Allocation Plan.

**Accessibility:** IHDA has encouraged developers to include additional handicapped accessible units in their projects by providing incentive points as the LIHTC applicant scoring system. It has also incorporated the international Building Code's Universal Housing scoring into its IHDA Rental Housing Construction Standards used in non-home municipalities which don't have a local building code.

**Rental Assistance:** Rental Assistance is seen as a necessary revenue for a variety of households, including extremely low-income households, homeless/at risk, persons with disabilities and other special needs populations. The State's focus is on the following: Continued administration of the State Funded Rental Housing Support Program; Including incentives for rental assistance in the QAP applicant scoring system, to encourage preservation projects as well as PHA participation with Project-Based Vouchers; Administration of the IDHS Bridge Rental Subsidy Program for Williams and Colbert class members who qualify to be placed in community-based housing.

### **Barrier 6 continued: Affordability/Accessibility of Housing**

**HUD Section 811 Program:** In February 2013 the State was awarded \$11.9 million by HUD to provide up to 732 project-based vouchers to persons with disabilities who are coming out of nursing homes and other institutional facilities to help them transition back into the community. This money will also help assist Illinois in its efforts pertaining to meeting obligations set into place by three court-ordered consent decrees (Williams, Colbert, and Ligas), as well as the Money Follows the Person (MFP) Program and State Operated Developmental Centers (SODCs) closures. In November of 2013, IHDA received a

Cooperative Agreement from HUD, outlining program requirements. In November 2014, after thorough negotiations, both IHDA and HUD finalized the Cooperative Agreement, and IHDA is now in the process of submitting its Affirmative Fair Housing Marketing Plan (AFHMP) to HUD by the end of January 2015. Working from recommendations given to IHDA by a Section 811 Interagency Panel that was formed to engage all applicable State sister agency stakeholders, IHDA identified 10 initial developments, totaling 77 units, to participate in the initial allocation determination phase of Section 811 Program. IHDA is now in the process of obtaining signed Rental Assistance Contracts from these developments which will guarantee that units, as they become available, will be held open to be filled by persons from the above priority populations.

IHDA has experienced its most successful year of forming first-time homebuyer mortgages in 2014. Known as Welcome Home Illinois, this program assisted 9,729 households in 2014 with over \$1.1 Billion in mortgage financing loans, most included down payment assistance.

### **Barrier 7: Public Housing**

Over 30 Illinois PHA's have expressed major interest in participating in HUD's Rental Assistance Demonstration (RAD) Program, which allows them to convert public housing into project-based rental assistance properties. Most projects will require 9% (Competitive) or 4% LIHTC's (usually used with tax-exempt bonds) and possible soft funding, due to deferred maintenance caused by inadequate capital funding over a period of years. Funds for PHA's under the National Housing Trust Fund are only eligible as part of HUD's RAD or Choice Neighbor Initiative, programs, or involves the LIHTC Program. Priority will be given to projects creating new units. PHA's not interested in such conversions and needing to conduct more comprehensive public housing rehabilitation are encouraged to look at HUD's Capital Fund Financing Program (CFFP) and HUD's CDBG's Section 108 Loan Guarantee Program (currently available at the State level for non-Entitlement Communities).

### **Barrier 8: Preservation**

There are several programs which promote the preservation of affordable housing throughout the state. The following discuss both single-family and multifamily programs which work to preserve affordable housing. Concerning single-family assistance, resources from IHDA's HOME Investment Partnership Program (HOME) are used to help low-income homeowners afford costly repair expenses through

assistance provided to local governments and non-profit organizations which are funded under the Single-Family Owner-Occupied Rehabilitation (SFOOR) program. SFOOR assistance to homeowners is provided in the form of a deferred, forgivable loan at zero percent interest. If the direct subsidy to the homeowner is less than \$14,999, the loan is forgiven over a five year period. If the direct subsidy is between \$15,000 and \$40,000, the loan is forgiven over a ten year period.

Additionally, administered by Department of Commerce and Economic Opportunity (DCEO), the Community Development Assistance Program (CDAP)/Housing Rehabilitation Grant Program assists eligible CDAP Housing Rehabilitation Grant Program local governments in helping homeowners (for non – entitlement areas of the state) in making necessary repairs and improvements to their homes in order to eliminate health and safety problems, correct building code violations, and to preserve the long-term integrity of the units. Housing rehabilitation work is completed by local contractors who have been selected by competitive bid and who meet all insurance requirements. Grant funding is provided to eligible units of general local government through the Community Development Assistance Program.

Concerning multifamily preservation resources, the Low Income Housing Tax Credit (LIHTC) Program is an indirect Federal subsidy used to finance the development or redevelopment of affordable rental housing for low-income households (at 60 percent area median income or below). The Internal Revenue Service allocates federal tax credits to State housing finance agencies which then award tax credits to eligible affordable housing developers who use the equity capital generated from the sale of these tax credits to lower the debt burden on developing these tax credit properties, making easier to offer lower, more affordable rents. Units must maintain affordable rent for at least 30 years.

Additionally, IHDAs Preservation Now program preserves project-based rental subsidies in existing developments by encouraging owners who acquire and rehabilitate properties to extend existing rental subsidy contracts. The program provides subordinate mortgage financing to new tax-exempt bond projects that contain minimum levels of existing project-based rental subsidy.

### **Barrier 9: Homeless**

All of Illinois' 102 counties are served by a local/regional continuum of Care organization. The approach is to identify existing programs and services, evaluate their adequacy, and identify other needed services, and ways to provide same in each service area. Homeless prevention programs, emergency shelters, transitional housing, permanent housing and individual and family self-sufficiency are the major features of each continuum. Identified causes of homelessness that have been reported by shelter providers include insufficient income, structural deficiency of housing, relocation, institutional release, family disputes, and overcrowding, to name a few major ones. The major obstacles of homeless service agencies are being able to maintain an adequate staffing level of services and staff to serve a population with a wide diversity of social/personal problems and program/service needs. Another common obstacle is the need for and the relative capacity of rental assistance resources for homeless tenants. Another major barrier is overcoming community/neighborhood opposition to the

citing/location of such projects, especially multi-unit structures and emergency shelters, through public education.

### **Barrier 10: Other Special Needs**

Statewide Referral Network: Tied primarily to IHDA's Low Income Housing Tax Credit (LIHTC) Program, IHDA has also developed the Statewide Referral Network (SRN) as an overlay on the housing locator system. The SRN is a program that links vulnerable populations to affordable housing across Illinois. Eligible populations include persons with disabilities, persons experiencing homelessness, and persons at risk of homelessness. Built onto the Housing Locator as the SRN, included in the portal are marketing features for providers of Low Income Housing Tax Credit (LIHTC) Targeting Program Units, which are used to target specific populations (homeless and disabilities) and income levels. The locator is also used to streamline transitioning efforts for court consent decree class members who are transitioning out of institutions. LIHTC units are updated daily, and are searchable by caseworkers, allowing for improved real time tracking of available targeting units. LIHTC Targeting was included in the 2014 Qualified Allocation Plan, and was once again included in the 2015 Qualified Allocation Plan, with additional points awarded to projects proposing developments which assist targeted populations and incomes. The Statewide Referral Network (SRN) is a system for linking vulnerable populations, who are already connected to services, to affordable, available housing. It has primarily been overseen by one Statewide Housing Coordinator (SHC) at the Governor's Office in participation with the Illinois Housing Development Authority (IHDA). Other agencies involved via an intergovernmental agreement are the Illinois Department on Aging (IDoA), the Illinois Department of Human Services (IDHS), and the Illinois Department of Healthcare and Family Services (HFS). The SHC works with four (4) regional Lead Referral Agents (LRAs) located in five (5) regions throughout the State, and who are currently housed in the Division of Mental Health (DMH). These LRAs receive referrals from various service providers in their regions, verify client eligibility, and then send those referrals on to owners and/or property managers for their consideration as tenants.

## **SP-60 Homelessness Strategy – 91.315(d)**

### **Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs**

Homeless outreach services include connecting individuals with emergency shelter, housing, onsite healthcare, and other critical services.

Fourteen of the Continua of Care (CoCs) emphasized the value and importance of collaborating with other groups to educate and provide outreach for homeless services. These groups could include law enforcement, health care entities, mental health care providers, and housing organizations. Six CoCs explicitly mentioned street outreach programs. Four CoCs reported using the HMIS system as a coordination and outreach strategy, as well as using a coordinated assessment and intake process. Other strategies at least one CoC each included in their descriptions include using their Point-in-Time (PIT) counts; conducting an annual street survey; focusing on street outreach for youth; visiting tent cities and other temporary, informal shelters; adopting the VI-SPADT program; providing a homeless crisis response system; having a referral hotline in the community; providing strategically placed outreach offices; and, conducting tailored serious mental illness outreach.

### **Addressing the emergency and transitional housing needs of homeless persons**

Housing relocation and stabilization services and short- and/or medium-term rental assistance provided as necessary to help individuals or families living in shelters or in places not meant for human habitation move as quickly as possible into permanent housing and achieve stability in that housing.

Illinois Continua of Care (CoCs) are split between transitioning to and supporting Rapid Rehousing and Permanent Supportive Housing (PSH) programs and providing more emergency shelter and transitional housing. Eight CoCs mentioned their emergency shelters, some describing how the shelters are separated by demographic (men, women, families, youth, domestic violence, and veterans). Six CoCs stated they had transitional housing services. Five CoCs emphasized PSH programs, four discussed diversion programs, and three CoCs stressed rapid rehousing. Other strategies mentioned included making landlords aware of homeless prevention strategies; sending housing providers to training sessions whenever possible; providing life skill services; creating a planning committee; providing emergency fund assistance; and, two CoCs claimed their services were sufficient at this time.

**Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again.**

Services for special populations include emergency shelter, case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, and transportation. Pursuant to Public Act 95-294, IDVA created the Illinois Discharged Servicemember Task Force (DSTF). The mission of DSTF is to investigate the re-entry process for service members who return to civilian life after active duty service. In order to accomplish this mission, DSTF convenes a team of experienced, professional veteran advocates and community leaders to analyze major issue areas and develop actionable policy recommendations. This year's report includes an overview of and corresponding policy recommendations in four critical issue areas: Economic Vitality, Homelessness and Housing, Women Veterans, and Behavioral Health. This report also includes policy recommendations proposed by several of the issue-focused working groups within Illinois Joining Forces (IJF). These working groups capitalize on the cross-sector expertise and perspectives of the 200+ veteran-serving organizations participating in IJF. While strategies vary for each issue area, an underlying theme surfaces throughout the report: there is a continued need for greater mutual awareness and collaboration among Illinois' veteran- and military-serving organizations – including government agencies, non-profit organizations, and private sector entities – in order to facilitate best practice sharing, further leverage existing resources, and optimize outreach and service delivery to veterans and their families. The state encourages providers to focus on the rapid rehousing component of ESG. The Street Outreach component is now being requested by providers that are mainly located within larger metropolitan areas. These providers reach out to individuals/families that are living in their vehicles or on the streets. The homeless individuals and families are connected with emergency shelter, permanent housing, onsite healthcare and other critical services.

Half of the twenty Illinois Continua of Care (CoCs) state they use their coordinated assessment tools (often the HMIS system) to determine each resident's needs to prevent homelessness or maintain permanent supportive housing (PSH) or affordable housing. Nine CoCs emphasize the importance for enough PSH, so people in emergency shelters or transitional housing do not become homeless again. Other strategies listed include providing strong outreach for the available programs, having well-functioning emergency shelters and transitional housing, providing life skills training (such as financial literacy, credit improvement, and education), creating housing retention services to address each individual's situation, access to health care, education tenants and landlords on their subsequent rights, providing rapid rehousing, and focusing on initial homeless prevention. The majority of CoCs provide services to homeless youth. Most of these services are focused around emergency shelter and transitional or temporary housing; however, some work to provide permanent supportive housing (PSH) for youth. Eleven CoCs focus on PSH for the chronic homeless and nine on homeless veterans. At least a few CoCs provide emergency shelters, rapid rehousing, homeless prevention, transitional housing, and/or PSH for families. Other strategies include outreach for chronically homeless people; coordinated entry services for veterans; transportation to drop-in services for veterans; and, utility and deposit assistance for families and veterans.

**Help low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families who are likely to become homeless after being**

**discharged from a publicly funded institution or system of care, or who are receiving assistance from public and private agencies that address housing, health, social services, employment, education or youth needs**

Housing relocation and stabilization services and short-and/or medium-term rental assistance as necessary to prevent the individual or family from becoming homeless if annual income of the individual or family is below 30 percent of median family income and assistance is necessary to help program participants regain stability in their current permanent housing or move into other permanent housing and achieve stability in that housing. Under the National Housing Trust Fund, IHDA will prioritize PSH, especially in the creation of new units.

Eight Continua of Care (CoCs) collaborate with health care entities (hospitals, mental health facilities, etc.) to ensure people do not become homeless upon discharge from said facilities. Another eight CoCs work with their Department of Corrections to prevent homelessness after discharge. Six CoCs offer rental assistance. Other strategies at least one CoC implement include working with the foster care system to prevent youth homelessness; offering job search and employment skill services; providing public transportation to improve access to jobs; partnering with local education institutions; offering a referral line; using a Rapid Rehousing program; offering life skills services; collaborating with HOPWA programs; and, providing hotel vouchers. Chicago and Cook County, the most dense, urban population area, are focusing on creating better access to Medicaid services. Only one CoC stated they are not focusing on homeless prevention but using all of their resources to provide housing.

## **SP-65 Lead based paint Hazards – 91.315(i)**

### **Actions to address LBP hazards and increase access to housing without LBP hazards**

The U.S. Environmental Protection Agency (EPA) has approved the Illinois Lead Poisoning Prevention Program for operation in lieu of a federal program under Section 402 of the federal Toxic Substances Control Act. Through the Lead Poisoning Prevention Act (410 ILCS), the State legislature has designated the Illinois Department of Public Health as the regulatory agency for the identification and mitigation/abatement of lead hazards for children under sixteen years of age identified with elevated blood lead levels. IDPH is responsible for the training and licensing of lead inspectors, contractors, and abatement workers. IDPH's laboratories provide blood lead analysis for Medicaid and medically indigent children. The IDPH Childhood Lead Poisoning Prevention Program will maintain the Reporting System, Follow-up Data Collection System, and Clearinghouse of Information, and will provide technical assistance to entities statewide on screening and follow-up. Delegate agencies will be monitored for accurate and efficient environmental inspections through IDPH's Division of Environmental Health. Children under six years of age are considered a priority-targeted population.

The State of Illinois has taken further steps to combat lead poisoning. Public Act 93-0789, established the Lead Safe Housing Advisory Council (LSHAC), which is co-chaired by IDPH and charged with developing recommendations for presentation to the Governor and General Assembly regarding lead poisoning prevention. Composed of citizen advocacy groups, public health, state agency and industry representatives, the LSHAC has met since 2004, and with the completion of its report to the Governor and General Assembly, will continue to meet as needed.

The work of the LSHAC includes both regulatory and legislative recommendations in the areas of screening and prevention, lead safe work practices, education, and funding for the remediation/rehabilitation of housing that contains lead poisoning hazards. In June 2006, the Lead Poisoning Prevention Act (Public Act 94-0879) was signed into law, which sets pre-emptive measures to prevent children from being poisoned, including increased inspections of buildings suspected of containing lead poisoning hazards. In August 2007, upon recommendation of the LSHAC's report, Public Act 95-0492 was signed into law, effective January 1, 2008. The Act establishes a window replacement (CLEAR-WIN) program to assist residential property owners reduce lead-paint hazards through window replacement in pilot areas across the state.

The IDPH applied to the Centers for Disease Control and Prevention (CDC) to fund Lead Poisoning Prevention and Healthy Homes activities throughout Illinois, and convened the Lead Poisoning Elimination Advisory Council (LPEAC) with IHDA serving as a member. Under the first year of the three year CDC grant, the LPEAC assisted IDPH in developing the State's Lead Program Healthy Homes Strategic Plan to guide lead poisoning elimination initiatives and provide recommendations on enhancing participation from communities around the State.

Although Congress drastically cut FY12 funding for the CDC (and Lead Poisoning Prevention and Healthy Homes activities) and funding for the second and third year of the CDC+LPEAC grant was rescinded, the LPEAC completed its review. With the creation in IDPH of the Division of Environmental Health-Healthy Homes Program, the Department, along with the LPEAC, drafted and completed changes to its Healthy Homes Strategic Plan that reflect the State's on-going, multi-faceted approach to lead poisoning prevention and expanding Healthy Homes issues.

### **How are the actions listed above integrated into housing policies and procedures?**

Public Act 94-0879 includes provisions barring owners of residential buildings who have willfully violated lead safety laws from doing business with the State of Illinois or any State agency until the violation is mitigated, along with increased fines and mandatory notice to tenants of possible lead hazards in their building.

The IDPH works with the Illinois Building Commission and the DCEO to integrate lead safety into building renovations and encourage statewide compliance of the lead disclosure rule, and HUD regulations at 24 CFR 35 regarding the notification, evaluation, and reduction of lead-based paint hazards in Federally-owned residential property and housing receiving federal assistance.

The IDPH will continue to participate on the State Agencies Housing Committee staffed by the IHDA to look for opportunities to promote lead-safe and other "health home initiatives" involving indoor air quality, pest control, dust control, etc. as outlined in HUD's Healthy Homes Initiative resulting from the White House Task Force on Environmental Health Risks and Safety Risks to Children and Executive Order 13045. Under IHDA programs (including HOME and National Housing Trust Fund), all projects involving housing rehab must comply with HUD and EPA safety standards.

## **SP-70 Anti-Poverty Strategy – 91.315(j)**

### **Jurisdiction Goals, Programs and Policies for reducing the number of Poverty-Level Families**

The State of Illinois operates a variety of anti-poverty efforts which are coordinated with employment/training, housing assistance efforts, and other services. A brief summary of them follows:

(1)The HHS-funded Community Services Block Grant (CSBG) Program is the major federally-funded anti-poverty program. Its history goes back to the original Federal Office of Economic Opportunity (OEO), which served to create community action agencies (CAAs) as a necessary link to coordinate these efforts at the local level. It is generally coordinated with other subject-specific programs, and is geared toward enabling low-income persons to become more self-sufficient. It is administered by DCEO at the State level, which funds the statewide network of CAAs and related organizations on an annual basis, contingent on federal funding. Uses of CSBG funds include the following: economic development; education; emergency assistance; health; housing; income management; linkages; nutrition; and self-sufficiency.

(2) Many CAAs around the state were designated as CHDOs under IHDA's HOME Program. Most administered single-family acquisition/rehabilitation/resale programs, until HUD's program rules for resale time period became overly restrictive, as did CHDO eligibility requirements. IHDA has had limited success working with CHDOs on rental housing projects, although it does have a few noted successes over the years in the Rock island, Frankfort, Beardstown, and Danville areas, to name a few. The Illinois Association of Community Action Agencies (IACAA) serves as a membership organization for CAAs, and also provides a wide range of training and technical assistance for its members. This includes a statewide housing CDC, ICADC, geared toward assisting local CAAs to build capacity and to partner for affordable housing projects. ICADC was responsible for assisting in most of the projects listed above.

(3)IDHS administers most of the State's homeless assistance programs. These have included both the State-funded Homeless Prevention Program and the Emergency & Transitional Housing Program, both of which have been at least partially if not fully funded through the State's affordable Housing Trust Fund as well as general revenue funds. It now also administers the HUD-funded Emergency Solutions Grant Program, which assists local homeless services agencies with rehabilitation, operation/maintenance costs, essential services, and homeless prevention/rapid rehousing programs.

(4)DCEO also administers both the Low-Income Home Energy Assistance program (LIHEAP) as well as the Illinois Home Weatherization Assistance Program (IHWAP). Which provide utility subsidy assistance and weatherization improvements to both low-income homeowners and renters.

(5)DCEO also administers the DOL-funded Workforce Investment and Opportunity Act funding, which provides federal funding to workforce development boards (WDBs) throughout the state for local employment and job training programs. The State has coordinated its efforts in this area by establishing Illinois Employment & Training Centers, which include staffing from WDBs, IDES-unemployment

assistance and employment data and projections, and IDHS, to provide a one-stop shop for human services.

### **How are the Jurisdiction poverty reducing goals, programs, and policies coordinated with this affordable housing plan**

(6) IHDA has administered approximately 30% of the State's Section 8 Project-Based Assistance since the program's inception, most of which has partially or wholly financed those developments. IHDA regularly works with the owners of "expiring properties" to encourage renewal of these rental assistance contracts by providing refinancing and rehabilitation assistance, often through tax-exempt bond financing and 4% Low Income Housing Tax Credits (LIHTCs).

(7) IHDA also administers the State-funded Rental Housing Support Program (RHSP), which targets rental assistance through Local Administrative Agencies (LAAs) to households at 15-30% area median income. It also has begun administering the Section 811 Project Based Rental Assistance Demonstration Program, a HUD-funded program which is specifically targeted to persons with disabilities who are coming out of institutional facilities and searching for community-based housing.

(8) IHDA also strongly encourages income targeting to lower-income households through the scoring system for its LIHTC Program. These include categories for Rental Assistance (under which it incentivizes applicants who work with their local PHAs to obtain project-based vouchers), as well as incentivizing applicants who set aside units for supportive housing populations (i.e., households at 30% AMI or below who are homeless/at-risk or include persons with disabilities). IHDA also strongly encourages applicant developers of proposed projects in Qualified Census Tracts to submit a detailed community revitalization plan. As many of these federally-designated areas have higher concentrations of low-income households, poverty, and unemployment, IHDA has provided applicants for these types of projects with very specific referral sources to identify employment & training centers, community colleges, workforce development boards, and small business development centers in serving the project area.

(9) IDHS-Division of Mental Health administers a rental assistance program for persons with mental illness via its Bridge Rental Subsidy Program (BRSP). It is funded through a State-imposed hospital tax.

(10) IDHS administers the Home Services Program for persons with disabilities to provide in-home services to avoid premature or unnecessary institutionalization. IDoA administers a similar in-home services program for the elderly population known as the Community Care Program. Both are authorized under federally approved Medicaid waivers. Similarly, for years the State has operated a Supportive Living Facilities program through IDHFS, also through a Medicaid waiver. It provides assisted living services funding to elderly persons, primarily those eligible for Medicare, so that they can reside in affordable housing that is less restrictive and less expensive than nursing homes. IHDA has assisted in the financing of many of these properties.

(11) IHDA has regularly worked with local public housing authorities (PHAs) and their non-profit affiliates to develop mixed-financing projects. Many have involved long-term homeownership programs through the LIHTC Program. More recently, many PHAs are or will be seeking IHDA assistance for their Rental Assistance demonstration (RAD) Program projects, which allow them to convert traditional public housing properties to Section 8 project-based assistance.

(12) Under the National Housing Trust Fund, IHDA will be able to increase its production of units for Extremely-low income households at 30% of AMI or below

## **SP-80 Monitoring – 91.330**

**Describe the standards and procedures that the state will use to monitor activities carried out in furtherance of the plan and will use to ensure long-term compliance with requirements of the programs involved, including minority business outreach and the comprehensive planning requirements**

### **Objectives:**

The objectives of State monitoring and reporting on these programs are to determine if grantees and sponsors:

- Are carrying out local projects and programs as described in their applications (as revised or amended) and contracts/grant agreements;
- Are carrying out the program or project in a timely manner;
- Are charging costs to the program or project which are eligible under applicable regulations and the grant/regulatory agreement;
- Are complying with other applicable laws, regulations, and terms of the contract/grant agreement;
- Are conducting the program in a manner which minimizes the opportunity for fraud, waste, and mismanagement; and
- Have a continuing capacity to carry out the approved program or project.

The State of Illinois currently receives under direct HUD formula grant funding four (4) programs: The Community Development Block Grant (CDBG) administered by Department of Commerce and Economic Opportunity (DCEO); and the HOME Program, administered by Illinois Housing Development Authority (IHDA) and the Housing Opportunities for Persons with AIDS (HOPWA) Program. Beginning in mid-2014, the Emergency Solutions Grants program will be transferred to the Department of Human Services. While each agency has its own procedures, most of the major steps in monitoring are very similar. Grantees and/or project sponsors are responsible for selecting, planning, and carrying out approved programs, projects, and activities in accordance with State and Federal law and regulations, and with the contracts or grant agreements executed between each grantee or sponsor and one of the three State funding agencies (DCEO, IHDA, or IDPH). The State ultimately has the responsibility to ensure that grantees and project sponsors are carrying out their programs in accordance with all applicable laws and regulations.

### **Management of Monitoring Activities:**

The two major types of monitoring that State agency staff carry out for these programs are: desk monitoring and field monitoring.

Desk monitoring is an ongoing process of retrieving a grantees'/sponsors performance. It involves using all available data or making judgments about performance and is conducted in the office of the State Funding agency (DCEO, IHDA, IDHS, or IDPH).

Among the sources of information available for desk review and analysis are:

- 1) approved application(s);
- 2) the grant or regulatory agreement or contract;
- 3) grantee-prepared environmental reviews (DCEO and HOME);
- 4) drawdown requests for reimbursement;
- 5) grantee responses to monitoring and audit findings;
- 6) monitoring trip reports;
- 7) citizen and administrative complaints;
- 8) litigation;
- 9) data supplied by other state and federal agencies; and
- 10) audit reports.

Information is used to observe lack of activity or inappropriate changes in grantee/project sponsor activity, to identify problems, potential problems, program status and accomplishments. Analysis of the data may indicate the need for a special monitoring visit by program staff to resolve or prevent a problem.

## Expected Resources

### AP-15 Expected Resources – 91.320(c)(1,2)

#### Introduction

#### Anticipated Resources

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
CDBG	public - federal	Acquisition Admin and Planning Economic Development Housing Public Improvements Public Services	26,188,994	0	8,669,898	34,858,892	104,755,976	The 2015 allocation for Illinois' CDBG/Community Development Assistance Program is just over \$26 million. It is anticipated the allocation will increase annually as smaller entitlement programs are transitioned to the State program.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOME	public - federal	Acquisition Homebuyer assistance Homeowner rehab Multifamily rental new construction Multifamily rental rehab New construction for ownership TBRA	11,156,773	3,500,000	4,000,000	18,656,773	44,600,000	

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
HOPWA	public - federal	Permanent housing in facilities Permanent housing placement Short term or transitional housing facilities STRMU Supportive services TBRA	1,172,213	0	340,445	1,512,658	4,680,000	HOPWA funds will be used to provide housing and supportive services to individual living with HIV/AIDS.

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
ESG	public - federal	Conversion and rehab for transitional housing Financial Assistance Overnight shelter Rapid re-housing (rental assistance) Rental Assistance Services Transitional housing	4,711,779	0	0	4,711,779	18,847,116	2015 ESG funds will be used for street outreach, emergency shelter, homeless prevention, rapid rehousing, HMIS, and administration.
Housing Trust Fund	public - federal	Multifamily rental new construction Multifamily rental rehab Other	0	0	0	0	16,000,000	The National Housing Trust Fund is a new affordable housing production program to increase and preserve the supply of decent, safe, and sanitary affordable housing for extremely low- and very low-income households, including homeless families. 2016 is the initial year of funding under NHTF

Program	Source of Funds	Uses of Funds	Expected Amount Available Year 1				Expected Amount Available Reminder of ConPlan \$	Narrative Description
			Annual Allocation: \$	Program Income: \$	Prior Year Resources: \$	Total: \$		
Other	public - federal	Public Improvements	14,400,000	0	0	14,400,000	0	The State of Illinois expects to obligate approximately \$4 million of remaining IKE funds and \$10,600,000 in Sandy Disaster Recovery funds in 2015. Although a need for Housing has been indicated in our CDBG-DR Action Plan, and a Housing Rehabilitation program has been offered, as of this date we have not received any applications. Therefore we anticipate all funds to be expended on public infrastructure components.

Table 58 - Expected Resources – Priority Table

**Explain how federal funds will leverage those additional resources (private, state and local funds), including a description of how matching requirements will be satisfied**

**ACCEPTABLE SOURCES OF HOME MATCH**

- \* Local or State general revenues
- \* Housing Trust Funds
- \* Foundations, donations

- \* Program Income from HODAG, RRP or UDAG only after grant closeout
- \* Value of waived taxes, fees or charges
- \* Appraisal value of land or real property not acquired with Federal Funds
- \* Difference between appraised value and acquisition cost, if property is acquired with Federal funds
- \* Grant equivalent of below market
- \* interest rate loans to the project
- \* The cost of investments not made with federal resources, in on- and off-site infrastructure that is directly required for the affordable housing assisted with HOME funds
- \* Federal Home Loan Bank grants
- \* Value of donated materials or labor
- \* Direct cost of supportive services that facilitate independent living or as part of a self-sufficiency program
- \* Direct cost of homebuyer counseling for families that complete a HOME assisted purchase.

**UNACCEPTABLE SOURCES OF HOME MATCH**

All federal funds, including: CDBG funds, Rental Rehabilitation Program, Homeless housing programs, Weatherization, etc.

Value attributable to federal tax credits

The interest rate subsidy attributable to the federal tax exemption on financing

Owner equity or investment in a project

Cash or other forms of contributions from investors, applicants for, or recipients of HOME assistance or contracts

Expenditures on program administration

**ESG:**

Each grant recipient must supplement its Emergency Solutions Grant funds with an equal or greater amount of funds from other sources. 50% of the match must be cash. The amount available for matching fund purposes must be injected during the grant period.

Acceptable sources of match for ESGP are the State of Illinois DHS Homeless Prevention and Emergency & Transitional Housing Programs, Community Services Block Grant, FEMA, and any other source including any Federal source other than the ESG program. If ESG funds are used to satisfy the matching requirements of another Federal program, then funding from that program may not be used to satisfy the ESG matching requirements. Matching contributions must meet all requirements that apply to ESG funds, the funds must be provided after the date that HUD signs the grant agreement, cash contributions must be expended with the expenditure deadline and noncash contributions must be made within the expenditure deadline. The matching requirement may be met by cash contributions and/or noncash contributions.

**CDBG/Community Development Assistance Program:**

The State must match all but \$100,000 of the funds received for program administration. Local Public Infrastructure grantees are required to commit a minimum of 25% to the project while Economic Development grants must be matched dollar for dollar. Housing Rehabilitation grants do not require leverage.

**National Housing Trust Fund (NHTF)**

For the NHTF, Projects which are able to commit other non-federal funds as part of their project financing will be given additional consideration. There is no State or local match requirements for NHTF, but IHDA anticipates most NHTF-funded projects will be highly leveraged.

**If appropriate, describe publically owned land or property located within the jurisdiction that may be used to address the needs identified in the plan**

Individual State agencies are not authorized to acquire/own real property. The Illinois Department of Central Management Services (CMS) is responsible for ownership and management of State facilities. Uses are statutorily limited, and do not currently include affordable housing.

**Discussion**

The State's strategy includes the coordination of Low Income Housing Tax Credits(LIHTCs) with the development of housing that is affordable to low-income and moderate-income families. As the State's LIHTC allocating agency, IHDA coordinates the development of the annual Qualified Allocation Plan (QAP). Besides the program's already statutory targeting to households at 60% of area median income or below, IHDA has built a number of factors into its application scoring system to incentivize better targeting to lower-income households. These include the following point categories: Rental Assistance; Larger Units; Green Building (lower utility bills); Rehabilitation (of existing housing); Community Revitalization Plans; 30% AMI Housing 10-15%); and Statewide Referral Network (SRN) units, which target 10-15% of a property's units to persons/households who are homeless/at-risk of homelessness or have a disability. All of these scoring criteria are aimed at incentivizing project applications which include deeper targeting to low- and moderate-income families.

## Annual Goals and Objectives

### AP-20 Annual Goals and Objectives – 91.320(c)(3)&(e)

#### Goals Summary Information

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
1	Multifamily Affordable Housing	2015	2019	Affordable Housing	Statewide Distribution	Affordable Housing	HOME: \$10,000,00	Rental units constructed: 44 Household Housing Unit Rental units rehabilitated: 30 Household Housing Unit
2	Single Family Owner Occupied Rehabilitation	2015	2019	Affordable Housing	Statewide Distribution	Affordable Housing	CDBG: \$6,096,057 CDBG-DR: \$0	Homeowner Housing Rehabilitated: 150 Household Housing Unit
3	Provide emergency shelter to homeless	2015	2019	Homeless	Statewide Distribution	Homelessness	ESG: \$2,237,663	Homeless Person Overnight Shelter: 17500 Persons Assisted
4	Prevent Homelessness	2015	2019	Homeless	Statewide Distribution	Homelessness	ESG: \$969,584	Homelessness Prevention: 3000 Persons Assisted
5	Rapid Rehousing of Homeless	2015	2019	Homeless	Statewide Distribution	Homelessness	ESG: \$910,860	Tenant-based rental assistance / Rapid Rehousing: 1075 Households Assisted

Sort Order	Goal Name	Start Year	End Year	Category	Geographic Area	Needs Addressed	Funding	Goal Outcome Indicator
6	Housing for Persons with HIV/AIDS	2015	2019	Non-Homeless Special Needs	Statewide Distribution	Special Needs	HOPWA: \$1,172,213	Tenant-based rental assistance / Rapid Rehousing: 15 Households Assisted Homelessness Prevention: 175 Persons Assisted HIV/AIDS Housing Operations: 60 Household Housing Unit
7	Public Infrastructure Activities	2015	2019	Non-Housing Community Development	Statewide Distribution	Community and Economic Development	CDBG: \$17,207,268 CDBG-DR: \$14,400	Public Facility or Infrastructure Activities other than Low/Moderate Income Housing Benefit: 71028 Persons Assisted
8	Economic Development	2015	2019	Non-Housing Community Development	Statewide Distribution	Community and Economic Development	CDBG: \$2,000,000 CDBG-DR: \$0	Jobs created/retained: 133 Jobs Businesses assisted: 2 Businesses Assisted
9	Street Outreach to Homeless	2015	2019	Homeless	Statewide Distribution	Homelessness	ESG: \$97,843	Other: 650 Other

Table 59 – Goals Summary

### Goal Descriptions

1	<b>Goal Name</b>	Multifamily Affordable Housing
	<b>Goal Description</b>	In addition to those funds allocated to the rehab of affordable housing, \$1,115,677 will be devoted to eligible administrative costs.

2	<b>Goal Name</b>	Single Family Owner Occupied Rehabilitation
	<b>Goal Description</b>	<p>For the CDBG component, the goal is to assist approximately 15 communities in funding housing rehabilitation for low-and-moderate income persons. The projected number of communities assisted is calculated by dividing the HR budget against the maximum individual project award threshold of \$400,000 to equal 15. The anticipated total number of households assisted is calculated by multiplying the number of communities by 10 households to equal 150.</p> <p>With the funding of Single Family HOME activities dependent on sufficient funding by HUD to support both multifamily and single-family activities, the State has earmarked State Housing Trust Fund resources for single-family home-ownership and rehabilitation activities.</p>
3	<b>Goal Name</b>	Provide emergency shelter to homeless
	<b>Goal Description</b>	The State will provide funding for renovation, operation, and essential services for emergency shelters.
4	<b>Goal Name</b>	Prevent Homelessness
	<b>Goal Description</b>	The State will fund short-term rental assistance, housing relocation and stabilization services in order to prevent persons from becoming homeless.
5	<b>Goal Name</b>	Rapid Rehousing of Homeless
	<b>Goal Description</b>	The State will fund rapid rehousing assistance to reduce the amount of time persons are homeless.
6	<b>Goal Name</b>	Housing for Persons with HIV/AIDS
	<b>Goal Description</b>	The HOPWA housing assistance program give low-income persons living with HIV/AIDS, and their families, short term assistance to help them access and retain affordable housing. The budget category includes Tenant-based Rental Assistance (TBRA), Short-term Rent, Mortgage and Utility assistance (as a homeless prevention activity) and operating costs for AIDS designated housing facilities.

7	<b>Goal Name</b>	Public Infrastructure Activities
	<b>Goal Description</b>	This Goal includes Public Infrastructure, Public Infrastructure plus Design and Emergency Public Infrastructure projects. It is anticipated that 45 communities will be awarded grants based on the amount of funding for each program and the associated maximum award. An additional \$14,400,000 in CDBG-R funds is expected to be committed to public infrastructure activities in 2015 ONLY. This will result in an additional 16,800 persons served and 3,308 LMI Households in 2015 ONLY.
8	<b>Goal Name</b>	Economic Development
	<b>Goal Description</b>	
9	<b>Goal Name</b>	Street Outreach to Homeless
	<b>Goal Description</b>	The State will provide funding for street outreach activities and services to reduce the number of unsheltered homeless persons.

## AP-25 Allocation Priorities – 91.320(d)

### Introduction:

Non Housing Allocation Priorities for the State are:

CDBG/Public Infrastructure: 66%

Economic Development: 9%

As we have not received any applications for Housing Rehabilitation in Disaster Recovery, we anticipate 100% of the remaining funds to be allocated to Public Infrastructure.

Housing-Related Allocation Priorities for the State of Illinois are outlined as follows:

### Funding Allocation Priorities

	Multifamily Affordable Housing (%)	Single Family Owner Occupied Rehabilitation (%)	Provide emergency shelter to homeless (%)	Prevent Homelessness (%)	Rapid Rehousing of Homeless (%)	Housing for Persons with HIV/AIDS (%)	Public Infrastructure Activities (%)	Economic Development (%)	Street Outreach to Homeless (%)	Total (%)
CDBG	0	0	0	0	0	0	0	0	0	0
HOME	70	30	0	0	0	0	0	0	0	100
HOPWA	0	0	0	0	0	0	0	0	0	0
ESG	0	0	0	0	0	0	0	0	0	0
Housing Trust Fund	100	0	0	0	0	0	0	0	0	100

Other CDBG- DR	0	0	0	0	0	0	0	0	0	0
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**Table 60 – Funding Allocation Priorities**

**Reason for Allocation Priorities**

Funding percentages for homeless priorities are determined in consultation with Illinois Continuum of Care organizations.

Regarding HOME funds: IHDA has maintained a significant pipeline of affordable rental housing projects seeking HOME assistance. IHDA recently extended the contracts of its current 28 SFOOR sponsors through April 2016 and it also

HOPWA funding can only serve people living with HIV/AIDS that are currently housed and households income at 80 percent the area medium income. Funding is provided to seven housing facilities that provide emergency shelter for homeless persons living with HIV/AIDS. HOPWA and Ryan White Part B fund provides a safety net for persons living with HIV/AIDS to move or maintain long-term, stable living situations. Illinois communities are facing the same problems as in other areas of the country: housing closures, under staffed facilities, increase in housing clientele and reduction in funds for housing assistance. HOPWA and Ryan White funds provide a resource that is critical to people living with HIV/AIDS in Illinois. The use of CARE Act Funds has enabled housing opportunities for persons living with HIV/AIDS.

2013 disaster funding priorities are \$3.42M in homeowner reconstruction, rehabilitation, elevation and mitigation (RREM) program and \$6.46M in public infrastructure. The RREM program will be accomplished in fiscal year 2015. The action plan outlining these priorities can be found on the following website: <https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/2013CDBGDR.aspx> However, as of July 1, 2015 no housing rehabilitation applications have been received and we anticipate all funds being utilized for public infrastructure.

**How will the proposed distribution of funds will address the priority needs and specific objectives described in the Consolidated**

## Plan?

The Statewide Homeless Continuum of Care use ESG funds in combination with HUD Continuum of Care funds and a variety of Federal and State mainstream resources to prevent and end homelessness. The State of Illinois will continue to meet with the Illinois Continua, as well as study their data and their determinations of the 'right mix' of funding allocation for the priority needs.

All HOME funding will result in increasing affordable homeowner and renter opportunities for all subrecipients.

The prevention of homelessness is the most important element of administering the HOPWA program. Persons living with HIV/AIDS require decent affordable stable housing in order to receive healthcare.

The continuum of care that is provided through local HIV care Connect Region includes the following services: case management, primary medical care, lab services, treatment adherence services, dental care, rent assistance, emergency housing assistance, utility assistance, legal services, nutritional services, optical services, mental health counseling, substance abuse counseling, transportation, and alternative therapies. The Department developed an application for use by all HIV Care Connect to prepare their initial HOPWA funding plans. The application required all project sponsors to describe the intended service area, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by available public and/or private resources within the service area. Additionally, the Department required a project plan and budget, including measurable goals and objectives, project coordination and how the project would be continued if HOPWA funds were reduced or not available in future years. The application process incorporated a deadline for submission of applications

## AP-30 Methods of Distribution – 91.320(d)&(k)

### Introduction:

The State of Illinois provides a summary of the selection criteria for funding under various activities allowed under the Formula Grant Programs in the Method of Distribution (MOD).

### Distribution Methods

**Table 61 - Distribution Methods by State Program**

<b>1</b>	<b>State Program Name:</b>	CDBG Economic Development
	<b>Funding Sources:</b>	CDBG
	<b>Describe the state program addressed by the Method of Distribution.</b>	Projects which create and/or retain private, permanent jobs in the industrial and commercial sector will be considered under this component. To be competitive, projects should attract sizable private investment, have solid commitments to create or retain permanent jobs, demonstrate financial feasibility, and benefit low- to moderate-income persons. Further, there must be evidence that the project and related investment would not occur without CDBG involvement.

**Describe all of the criteria that will be used to select applications and the relative importance of these criteria.**

Each application for funding under the general economic development component will be considered using the four categories identified below in determining the appropriate level of financial assistance:

**1. Project Benefit**

Five factors will be considered under this criterion:

- Project Need - Describe in sufficient detail the need for the project and the specific role of CDAP in the project, including any other options which have been pursued.
- Project Design - Describe the activities that will be undertaken for this project with an emphasis upon project specifics; the reasonableness of activities; their timelines and how the needs, activities and projected impact will interrelate.
- Financial Commitments - Provide evidence of firm commitments from all lenders and investors for the non-CDAP portion of the project.
- Financial Feasibility - Provide adequate documentation of project feasibility and the company's ability to bring the project to fruition. Financial feasibility of the project is a measure of the company's ability to maintain continuous operation beneficial to the public interests as determined by anticipated operational costs of less than or equal to the anticipated income or the availability of equity to cover any shortfall based on historical and projected financial statements.
- Commitments for Job Creation/Retention - Provide firm assurances from the borrower (employer) regarding the number of permanent jobs to be created or retained for low-to-moderate income persons, types of positions and the time frame for job creation.

**2. Benefit to Low-to-Moderate Income Persons**

Projects eligible for funding consideration must benefit at least 51 percent low-to-moderate income persons. All applicants must identify the methodology used to determine the percentage of project benefit to low-to-moderate income persons, except that a person may be presumed to be low and moderate income if the person resided in a federally-designated Empowerment Zone or Enterprise Community, or both the business and the jobs that have been created or retained are located in a federally-designated Empowerment Zone or Enterprise Community.

**3. CDAP Dollars to Full-Time Equivalent (FTE) Jobs Ratio**

This factor considers the number of permanent FTE jobs to be created or retained with CDAP dollars within a specified period, with a maximum period of 24 months from the date funds are awarded, upon the written commitment of the borrower (employer). Projects should demonstrate at least one FTE job

<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>Application Guidelines and forms can be found at:<a href="http://www.illinois.gov/dceo">http://www.illinois.gov/dceo</a></p>
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<b>Describe how resources will be allocated among funding categories.</b>	
	<b>Describe threshold factors and grant size limits.</b>	Eligible activities may include funding for machinery and equipment, working capital, building construction and renovation and improvements to public infrastructure that directly support economic development. The refinancing of existing debt will not be considered under CDBG. Projects will be considered on an individual basis.
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	The projected # of communities assisted is calculated by dividing the \$2,000,000 CDBG-ED budget against the maximum individual project award threshold of \$750,000 to equal a projected 2 communities assisted with 2015 CDBG-ED funding. The approximate number of FTE positions retained or created with CDBG-ED funding is calculated by dividing the \$2,000,000 CDBG-ED budget, by the maximum FTE jobs ratio of 1 FTE per \$15,000, to total 133.
2	<b>State Program Name:</b>	CDBG Emergency Public Infrastructure
	<b>Funding Sources:</b>	CDBG
	<b>Describe the state program addressed by the Method of Distribution.</b>	This program is designed for communities experiencing an imminent and urgent threat to public health and safety, when the need for funds arises outside the normal competitive-bid funding cycle and requires immediate attention. An activity that meets HUD guidelines for eligible activities for public infrastructure projects may be funded.

<p><b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b></p>	<p>Projects will be evaluated according to the following criteria:</p> <ol style="list-style-type: none"> <li>1. Individual grants are requested to have 25% of the total project cost funded by other sources. If the applicant cannot fund the 25%, a waiver may be requested.</li> <li>2. Documentation must present the seriousness and urgency of the threat to health and safety of the community's residents.</li> <li>3. Documentation must present evidence of the unexpected nature of the threat, the degree to which the community was unable to plan for the threat because it could not be foreseen, and the threat's occurrence within the last 18 months.</li> <li>4. Evidence must show that the project is ready to proceed and expend funds and that the project adequately addresses the identified problem.</li> <li>5. Each application should document financial need for CDBG assistance. The application should include information regarding the local government's financial constraints, including availability of cash, outstanding indebtedness, bonding capacity, and service rate increases.</li> </ol>
<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>Application Guidelines and forms can be found at:<a href="http://www.illinois.gov/dceo">http://www.illinois.gov/dceo</a></p>

<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	
<p><b>Describe how resources will be allocated among funding categories.</b></p>	
<p><b>Describe threshold factors and grant size limits.</b></p>	<p><b>Eligibility Threshold requirements:</b></p> <ol style="list-style-type: none"> <li>1. Low-to-Moderate Income Community (51% or greater) (Y or N)</li> <li>2. Threat to Health and Safety (Y or N)</li> </ol>

	<b>What are the outcome measures expected as a result of the method of distribution?</b>	The projected # of communities assisted is calculated by dividing the \$2,803,325 CDBG-EPI budget against the maximum individual project award threshold of \$200,000 to equal a projected 14 communities assisted with 2015 CDAP-EPI funding. The approximate # of individuals supported with CDBG-EPI funding is calculated by multiplying the number of projected awards by 1,200 individuals to total 16,800 projected individuals supported with CDAP-EPI funding.
3	<b>State Program Name:</b>	CDBG Housing Rehabilitation
	<b>Funding Sources:</b>	CDBG
	<b>Describe the state program addressed by the Method of Distribution.</b>	The objective of this program component is to fund housing rehabilitation for low-and-moderate income persons. Applications will be accepted one time during the program year. Projects compete against one another and will be evaluated according to a two-step process.
	<b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b>	<p><b>Evaluation Criteria (55 Maximum Points)</b></p> <p>The maximum available points per application are 55 points. The maximum scores available for each of the four scoring criteria are:</p> <ol style="list-style-type: none"> <li> <p><b><u>Project Need – Maximum Score 14 Points</u></b></p> <p>The selected target area must include a minimum of a three to one ratio of need for rehabilitation of income eligible housing units in comparison to the project scope of work as provided in the Housing Fact Sheet.</p> </li> <li> <p><b><u>Project Impact – Maximum Score 20 Points</u></b></p> <p>Description of targeted area selection method and achievement of quantifiable impact.</p> </li> <li> <p><b><u>Coordination of Resources – Maximum Score 11 Points</u></b></p> <p>Scores will be provided based upon the applicant’s submission of documentation of additional resources which will provide assistance to LMI households in coordination with the CDAP housing programs.</p> </li> <li> <p><b><u>Project Readiness – Maximum Score 10 Points</u></b></p> <p>Scores will be provided based upon the applicant’s submission of documentation that all administrative and technical issues involved in assuring a successful housing project have been addressed.</p> </li> </ol>

<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>Application Guidelines and forms can be found at:<a href="http://www.illinois.gov/dceo">http://www.illinois.gov/dceo</a></p>
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<b>Describe how resources will be allocated among funding categories.</b>	
	<b>Describe threshold factors and grant size limits.</b>	Benefit to Low-and-Moderate Income Persons: Each application must include documentation that the proposed project will benefit 100% low-to-moderate income persons. Those projects benefiting less than 100% low-to-moderate income persons will not be considered further.
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	The projected # of communities assisted is calculated by dividing the \$6,500,000 CDBG-HR budget against the maximum individual project award threshold of \$400,000 to equal a projected 16 communities assisted with 2015 CDBG-HR funding. The approximate number of households served with CDBG-HR funding is calculated by dividing the \$6,500,000 CDBG-HR budget, by the maximum household award of \$45,000, to total 144 projected households assisted with CDBG-HR funding.
4	<b>State Program Name:</b>	CDBG Public Infrastructure
	<b>Funding Sources:</b>	CDBG
	<b>Describe the state program addressed by the Method of Distribution.</b>	The objective of this competitive program component is to fund public infrastructure projects, with priority given to projects involving water and sanitary systems, or storm sewer upgrades. \$1.5m in funds will be reserved in the 2015 program year for rural water extension projects. Projects will be reviewed and ranked in conjunction with other competitive public infrastructure project applications. Grant funds will be awarded through a competitive-bid application review process that will assess whether threshold criteria have been met.

<p><b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b></p>	<p><b>Evaluation Criteria that will be graded and scored:</b></p> <ul style="list-style-type: none"> <li>• Low to Moderate Income Level (25 pts)</li> <li>• Threat to Health &amp; Safety/Urgency (25 pts)</li> <li>• Project Readiness (50 pts)</li> </ul> <p>1. <b>Benefit to Low-to-Moderate Income Persons:</b> Each application must include documentation that the proposed project will benefit at least 51.0 percent LMI persons. Those projects benefiting less than 51.0 percent LMI persons will not be considered for funding. Each application must include documentation that any assessment levied against property (e.g., "tap-on" fee) occupied by low-to-moderate income persons will be waived or paid on behalf of the LMI households and document that assistance to pay the cost of "hooking up" (i.e., installing the privately owned and maintained line between a service lead/connection and a structure) will be offered to all residential households occupied by LMI persons.</p> <p>2. <b>Documentation of Threat to Health and Safety:</b> Each application should detail the public infrastructure needs to be addressed by the proposed project. This narrative should include, as appropriate, the degree to which present conditions affect public health and safety, the severity and immediacy of the problem, and whether the proposed activities are necessary to comply with state or federal regulations.</p> <p style="text-align: center;">A serious threat to health and safety is defined as a deficiency in the community public facility; the community lacks the facility entirely; problems clearly attributable to the deficiency have occurred, such as serious illness, disease outbreak, or serious environmental pollution; and the problem is present, continual, and chronic as opposed to occasional, sporadic, or probable. <b>Threat to Health &amp; Safety documentation should be <u>no more than five (5) years old</u>.</b></p> <p>3. <b>Project Readiness:</b> Each application must demonstrate that the proposed project is appropriate and achievable and that all actions have been completed to ensure timely implementation of the project. All applicants will start with the <b>maximum 50 points</b>. Deductions will be made when readiness requirements are lacking.</p>
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<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>Application Guidelines and forms can be found at:<a href="http://www.illinois.gov/dceo">http://www.illinois.gov/dceo</a></p>
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<b>Describe how resources will be allocated among funding categories.</b>	
	<b>Describe threshold factors and grant size limits.</b>	<b>Eligibility Threshold requirements:</b> <ol style="list-style-type: none"> <li>1. Low-to-Moderate Income Community (51% or greater) (Y or N)</li> <li>2. Threat to Health and Safety (Y or N)</li> </ol>
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	The projected # of communities assisted is calculated by dividing the \$14,000,000 CDBG-PI budget against the maximum individual project award threshold of \$450,000 to equal a projected 31 communities assisted with 2015 CDBG-PI funding. The approximate individuals supported with CDBG-PI funding is calculated by multiplying the number of projected awards by 1,200 individuals to total 37,200 projected individuals supported with CDAP-PI funding.
5	<b>State Program Name:</b>	CDBG Public Infrastructure + Design
	<b>Funding Sources:</b>	CDBG
	<b>Describe the state program addressed by the Method of Distribution.</b>	The objective of this competitive program component is to fund public infrastructure projects, with priority given to projects involving water and sanitary systems, or storm sewer upgrades. This component allows units of local government who do not have the resources to provide design engineering services to include eligible activities in their construction budget. Design costs are limited to \$150,000 of the overall grant award. Projects will be reviewed and ranked in conjunction with other competitive public infrastructure project applications. Grant funds will be awarded through a competitive-bid application review process that will assess whether threshold criteria have been met in addition to other established criteria.

<p><b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b></p>	<p><b>Evaluation Criteria that will be graded and scored:</b></p> <ul style="list-style-type: none"> <li>• Low to Moderate Income Level (25 pts)</li> <li>• Threat to Health &amp; Safety/Urgency (25 pts)</li> <li>• Project Readiness (50 pts)</li> </ul> <p>1. <b>Benefit to Low-to-Moderate Income Persons:</b> Each application must include documentation that the proposed project will benefit at least 51.0 percent LMI persons. Those projects benefiting less than 51.0 percent LMI persons will not be considered for funding. Each application must include documentation that any assessment levied against property (e.g., "tap-on" fee) occupied by low-to-moderate income persons will be waived or paid on behalf of the LMI households and document that assistance to pay the cost of "hooking up" (i.e., installing the privately owned and maintained line between a service lead/connection and a structure) will be offered to all residential households occupied by LMI persons.</p> <p>2. <b>Documentation of Threat to Health and Safety:</b> Each application should detail the public infrastructure needs to be addressed by the proposed project. This narrative should include, as appropriate, the degree to which present conditions affect public health and safety, the severity and immediacy of the problem, and whether the proposed activities are necessary to comply with state or federal regulations.</p> <p style="text-align: center;">A serious threat to health and safety is defined as a deficiency in the community public facility; the community lacks the facility entirely; problems clearly attributable to the deficiency have occurred, such as serious illness, disease outbreak, or serious environmental pollution; and the problem is present, continual, and chronic as opposed to occasional, sporadic, or probable. <b>Threat to Health &amp; Safety documentation should be <u>no more than five (5) years old</u>.</b></p> <p>3. <b>Project Readiness:</b> Each application must demonstrate that the proposed project is appropriate and achievable and that all actions have been completed to ensure timely implementation of the project. All applicants will start with the <b>maximum 50 points</b>. Deductions will be made when readiness requirements are lacking.</p>
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<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>Application Guidelines and forms can be found at:<a href="http://www.illinois.gov/dceo">http://www.illinois.gov/dceo</a></p>
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<b>Describe how resources will be allocated among funding categories.</b>	
	<b>Describe threshold factors and grant size limits.</b>	<b>Eligibility Threshold requirements:</b> <ol style="list-style-type: none"> <li>1. Low-to-Moderate Income Community (51% or greater) (Y or N)</li> <li>2. Threat to Health and Safety (Y or N)</li> </ol>
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	The projected # of communities assisted is calculated by dividing the \$14,000,000 CDBG-PI budget against the maximum individual project award threshold of \$450,000 to equal a projected 31 communities assisted with 2015 CDBG-PI funding. The approximate individuals supported with CDBG-PI funding is calculated by multiplying the number of projected awards by 1,200 individuals to total 37,200 projected individuals supported with CDBG-PI funding.
6	<b>State Program Name:</b>	CDBG Section 108
	<b>Funding Sources:</b>	CDBG
	<b>Describe the state program addressed by the Method of Distribution.</b>	The Section 108 Loan Guarantee Program is available to communities in Illinois as a source of financing for large-scale economic development, housing rehabilitation, public facilities, and physical development projects. The Section 108 Loan program is one of the most potent and important public investment tools that HUD offers to local and state governments. It allows them to transform a small portion of their CDBG funds into federally guaranteed loans large enough to pursue physical and economic revitalization projects that can renew entire neighborhoods or communities. Such public investment is often needed to inspire private economic activity, provide the initial resources or create the confidence that private firms and individuals may need to invest in distressed areas
	<b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b>	In order to be eligible a project must meet all applicable CDBG requirements and result in significant employment and/or benefit for low and moderate income persons. Projects that are eligible for financing under existing federal, state, regional or local programs will generally not be considered for guarantee assistance unless the programs would fail to fully meet a project's need.

<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>Application Guidelines and forms can be found at:<a href="http://www.illinois.gov/dceo">http://www.illinois.gov/dceo</a></p>
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<b>Describe how resources will be allocated among funding categories.</b>	The state will be applying for a maximum of \$130,000,000 in Section 108 guaranteed loan funds which is approximately five times the amount of the State’s FFY 2012 CDBG allocation. Maximum loan guarantee amount: \$20,000,000 per project. However, in the interests of limiting exposure and promoting a diversified portfolio, the Department reserves the right to limit the amounts pledged to any one unit of local government or business interest.
	<b>Describe threshold factors and grant size limits.</b>	Recipients of prior CDBG funding that have outstanding audit or monitoring findings and/or other program exceptions which involve a violation of federal, state or local law or regulation, and/or that have failed to substantially meet their proposed accomplishments in their current CDBG projects are ineligible for 108 consideration.
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	FTE jobs retained or created is 1 for each \$50,000 loaned: or 400 FTE jobs for the maximum \$20,000,000 project funding; or 2600 FTE jobs for the maximum \$130,000,000 program funding; or 51% of the project beneficiaries must be low-to-moderate income.
7	<b>State Program Name:</b>	Emergency Solutions Grant
	<b>Funding Sources:</b>	ESG
	<b>Describe the state program addressed by the Method of Distribution.</b>	The Emergency Solutions Grant provides funding to engage homeless individuals and families living on the street; improve the number and quality of emergency shelters for homeless individuals and families; help operate these shelters; provide essential services to shelter residents; rapidly re-house homeless individuals and families, and prevent families/individuals from becoming homeless.
	<b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b>	Recommendations for funding are based on: the needs assessment conducted by the CoC, housing analysis, and performance of the provider agency (based on HMIS and other factors).

<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	<p>Deliberate steps are taken to identify the providers, either units of local government or not-for-profit organizations, based on regional need and the ability to administer and expend the funds. The Department uses a formula based spreadsheet in order to determine the amount of ESG funding for each CoC. The spreadsheet includes statistical data for poverty, housing, population, etc.. These amounts are then provided to each CoC with a request for funding recommendations. They are asked to provide the organization name, amount of funding recommended and the activities recommended for funding. The recommended organizations are required to submit a completed application including a budget. The applications are reviewed for completeness by at least 2 staff persons. If necessary, a list of "Outstanding Application Requirements" is sent to the provider detailing documentation is still needed.</p>
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<b>Describe how resources will be allocated among funding categories.</b>	Resources are allocated based on CoC recommendations as needs vary across communities.
	<b>Describe threshold factors and grant size limits.</b>	ESG minimum grant award is \$25,000. Recipients must be a participating member of a CoC.
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	ESG funds will be used to provide affordability of decent housing through homeless prevention and rapid re-housing activities; and will provide availability/accessibility of a suitable living environment to homeless individuals and families who need emergency shelter.
8	<b>State Program Name:</b>	HOME Multifamily (including CHDO)
	<b>Funding Sources:</b>	HOME
	<b>Describe the state program addressed by the Method of Distribution.</b>	Multi-family new construction and rehabilitation (including Community Housing Development Organizations - CHDOs)
	<b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b>	Review and selection criteria include but are not limited to financial feasibility (using IHDA-published underwriting criteria), site and market feasibility, development/management team capacity and experience, site control, commitment of leveraged resources, and other factors. These increase if the Low Income Housing Tax Credit is involved, as it has its own separate application scoring system.

<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p>IHDA's Multi-Family common application system, forms, and instructions are posted on IHDA's website at <a href="http://www.ihda.org/developer/forms.htm#referenceDocuments">www.ihda.org/developer/forms.htm#referenceDocuments</a></p>
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	<p>IHDA's Common Application process/format is utilized for all HOME Multi-Family projects, including CHDO-owned properties. After staff review (completeness, eligibility, site and market feasibility, underwriting), projects then go through a staff peer review, by internal IHDA Loan Committee, and to the IHDA Board for final consideration and approval.</p>
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	

	<p><b>Describe how resources will be allocated among funding categories.</b></p>	<p>IHDA utilizes HOME funding for both rental housing development/rehabilitation as well as homeowner rehabilitation. Each has its own application and funding process. Funding allocation is based on a number of factors including available resources, anticipated program income, anticipated completion timeframe for existing programs, pipeline of approved projects requesting HOME funding, and alternative funding sources available, among other factors.</p>
	<p><b>Describe threshold factors and grant size limits.</b></p>	<p>Threshold factors are described in detail in the Multifamily common application referenced above. Grant (loan) size limits have been imposed recently for IHDA's subordinate debt sources (i.e., primarily HOME and Affordable Housing Trust Fund) due to relative lack of availability to meet demand. It is primarily involving projects also seeking Low Income Housing Tax Credit assistance. For non-metro and AHPAA areas, it is set at 20% of total development costs, capped at a maximum request of \$2 million. For Chicago, Chicago metro, and other metro areas, it is set at 10% of total development costs, capped at a maximum request of \$1 million.</p>
	<p><b>What are the outcome measures expected as a result of the method of distribution?</b></p>	<p>Decent and safe affordable housing.</p>
<p>9</p>	<p><b>State Program Name:</b></p>	<p><del>HOME Single Family Owner Occupied Rehab</del></p>
	<p><b>Funding Sources:</b></p>	<p>HOME</p>
	<p><b>Describe the state program addressed by the Method of Distribution.</b></p>	<p><del>Single family owner-occupied rehabilitation program.</del></p>

<p><b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b></p>	<p><b>HOME Homeownership Ranking Criteria</b></p> <p><del>Maximum Points for Previously Funded Agencies (Minimum points for funding of previously funded agencies is 72 of 100 possible points)</del></p> <p><del>Past Performance and Agency Capacity <b>40 points Max</b></del></p> <p><del>Team Capacity and Experience <b>30 Max</b></del></p> <p><del>Agency HOME Program Impact <b>5 Max</b></del></p> <p><del>Agency Home Program Design <b>25 Max</b></del></p> <p><del>Maximum Points for New Agencies (Minimum points for funding of new agencies is 62 of 90 possible points)</del></p> <p><del>Past Performance and Agency Capacity <b>30 points Max</b></del></p> <p><del>Team Capacity and Experience <b>30 Max</b></del></p> <p><del>Agency HOME Program Impact <b>5 Max</b></del></p> <p><del>Agency Home Program Design <b>25 Max</b></del></p>
<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	<p><del>The relevant HOME application manuals and other publications describing the application criteria are found on the IHDA website at <a href="http://www.ihda.org/developer/forms.htm#referenceDocuments">www.ihda.org/developer/forms.htm#referenceDocuments</a></del></p>

<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	<p>Staff review (including site and market feasibility and underwriting), then to internal IHDA Loan Committee before going to the IHDA Board for final funding consideration and approval</p>
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	
<p><b>Describe how resources will be allocated among funding categories.</b></p>	<p>IHDA utilizes HOME funding for both rental housing development/rehabilitation as well as homeowner rehabilitation. Each has its own application and funding process. Funding allocation is based on a number of factors including available resources, anticipated program income, anticipated completion timeframe for existing programs, pipeline of approved projects requesting HOME funding, and alternative funding sources available, among other factors.</p>

	<b>Describe threshold factors and grant size limits.</b>	For HOME Homeownership, the maximum SFOOR grant funding is \$330,000, based on the number of houses to be rehabilitated, the size of the service area, and ranking score.
	<b>What are the outcome measures expected as a result of the method of distribution?</b>	All programs have the same goal of providing decent, safe, affordable housing
10	<b>State Program Name:</b>	HOPWA Facility-Based Housing Operations Assistance Program
	<b>Funding Sources:</b>	HOPWA
	<b>Describe the state program addressed by the Method of Distribution.</b>	<p>This program provides eligible AIDS designated-housing facilities with funds for the provision of meals and lodging to residents; rehabilitation and repair of facilities; operating costs which may include maintenance, security, insurance, utilities, furnishings, equipment, supplies and other incidental costs of the facility; and supportive services such as case management, mental health counseling, and substance abuse treatment provided to facility residents. In 2015, request for funding.</p> <p>The Department developed an application for use by all HIV Care Connect to prepare their initial HOPWA funding plans. The application required all project sponsors to describe the intended service area, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by available public and/or private resources within the service area. Additionally, the Department required a project plan and budget, including measurable goals and objectives, project coordination and how the project would be continued if HOPWA funds were reduced or not available in future years. The application process incorporated a deadline for submission of applications.</p>

<p><b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b></p>	<p>The Illinois Department of Public Health's application for HOPWA funding requires all applicants, including HIV Care Connect Regions, to describe the regional area to be served by the applicant, the population of persons with HIV/AIDS in the proposed regional area to be served, and the housing service needs not currently being addressed by available public and/or private resources within the proposed service area. IDPH requires a project plan and budget as part of the application process, including measurable goals, objectives, project coordination, and information on how the project would be continued if HOPWA funds were reduced or not available in future years. The application process incorporates a deadline for submission of applications</p>
<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	

<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	<p>Each Regional office has a local advisory board to assist the lead agency with determining priority services. The type of collaboration brings a wide variety of people together to address a very complex disease. The HIV Care regions have experience in identifying needs, planning, contracting for services, developing formal linkages with service providers and providing a continuum of care to persons with HIV/AIDS. The work plan will include descriptions of populations to be served, the care and service needs of the populations and ways in which the HIV Care Connect Regions will insure that the most in need will receive housing assistance. The application required all HIV Care Connect Regions to describe the intended regional area to be served, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by public and private resources within the service area.</p>
<p><b>Describe how resources will be allocated among funding categories.</b></p>	<p>The application required all housing The application required all project sponsors to describe the intended service area, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by available public and/or private resources within the service area. Additionally, the Department required a project plan and budget, including measurable goals and objectives, project coordination and how the project would be continued if HOPWA funds were reduced or not available in future years. faciaties to describe the intended service area, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by available public and/or private resources within the service area. Additionally, the Department required a project plan and budget, including measurable goals and objectives, project coordination and how the project would be continued if HOPWA funds were reduced or not available in future years.</p>
<p><b>Describe threshold factors and grant size limits.</b></p>	<p>AIDS designed housing facilities which are located in the HIV Care Connect Region received funding to service persons living HIV/AIDS who are in need of housing and supportive services.</p>
<p><b>What are the outcome measures expected as a result of the method of distribution?</b></p>	<p>Decent safe and affordable housing.</p>
<p><b>11 State Program Name:</b></p>	<p>HOPWA Short-term Rent, Utility, Mortgage</p>

<b>Funding Sources:</b>	HOPWA
<b>Describe the state program addressed by the Method of Distribution.</b>	The HOPWA Short-term Rent, Utility and Mortgage Program (STRUM) provides rent, mortgage and utility assistance to persons living with HIV/AIDS. The Illinois HOPWA program eligibility is based on the 80% area median income. The individual requesting housing assistance must demonstrate a need for housing assistance. In addition, the Department of Public Health had allocated funding to Winnebago County health Department to provide Tenant based rental assistance. Currently, seven remain stably housed.
<b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b>	The Illinois Department of Public Health's application for HOPWA funding requires all applicants, including HIV Care Connect Regions, to describe the regional area to be served by the applicant, the population of persons with HIV/AIDS in the proposed regional area to be served, and the housing service needs not currently being addressed by available public and/or private resources within the proposed service area. IDPH requires a project plan and budget as part of the application process, including measurable goals, objectives, project coordination, and information on how the project would be continued if HOPWA funds were reduced or not available in future years. The application process incorporates a deadline for submission of applications.
<b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b>	

<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	<p>The selection process is based on the Lead Agents that receive funding for the Ryan White Title II funds. The Department allows the HIV Care Connect Lead Agents to subcontract with local service providers for housing services. The Department recently held a meeting with lead agents, giving instructions on how to include faith-based organizations as entities eligible to apply for funding.</p>

<p><b>Describe how resources will be allocated among funding categories.</b></p>	<p>Each Regional office has a local advisory board to assist the lead agency with determining priority services. The type of collaboration brings a wide variety of people together to address a very complex disease. The HIV Care regions have experience in identifying needs, planning, contracting for services, developing formal linkages with service providers and providing a continuum of care to persons with HIV/AIDS. The work plan will include descriptions of populations to be served, the care and service needs of the populations and ways in which the HIV Care Connect Regions will insure that the most in need will receive housing assistance. The application required all HIV Care Connect Regions to describe the intended regional area to be served, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by public and private resources within the service area.</p>
<p><b>Describe threshold factors and grant size limits.</b></p>	<p>HIV Care Connect Region funding formula is based on an annual award amount that is based on the morbidity data. All HIV Care Connect are increased based on the increase in housing costs and the number of persons served. Funding is also based on local availability of resources as well as other community resources. The Department developed an application for use by all HIV Care Connect to prepare their initial HOPWA funding plans. The application required all project sponsors to describe the intended service area, the population of persons with HIV/AIDS, and the housing service needs not currently being addressed by available public and/or private resources within the service area. Additionally, the Department required a project plan and budget, including measurable goals and objectives, project coordination and how the project would be continued if HOPWA funds were reduced or not available in future years. The application process incorporated a deadline for submission of applications.</p>

	<b>What are the outcome measures expected as a result of the method of distribution?</b>	The prevention of homelessness is the most important element of administering the HOPWA program. Persons living with HIV/AIDS require stable housing in order to receive effective treatment. All program activities must be administered in accordance with the Department of Housing and Urban Development HOPWA Rules and Regulations. HOPWA grantees are encouraged to develop community-wide strategies through forming partnerships with area non-profits to provide housing assistance and supportive services for eligible persons. HOPWA grantees are urged to require eligible clients to access mainstream entitlement housing and utility assistance programs before accessing HOPWA funds.
12	<b>State Program Name:</b>	HOPWA Tenant Based Rental Assistance
	<b>Funding Sources:</b>	HOPWA
	<b>Describe the state program addressed by the Method of Distribution.</b>	In 2015, Winnebago County Health Department application described the intent to provide tenant based rental assistance due to the number of persons living with HIV/AIDS that do not have an emergency need for receiving Short Term Rent Mortgage and Utility assistance. As a result a total of 8 persons living with HIV/AIDS are provided with affordable housing. Stable housing provides a foundation for individuals with chronic illness such as HIV/AIDS, to improve their health outcomes.
	<b>Describe all of the criteria that will be used to select applications and the relative importance of these criteria.</b>	Winnebago County Health Department submitted an application of their intent to explore the option of providing TBRA to persons residing in northwestern Illinois. Housing Coordinator has requested technical assistance from the HUD office to carry out a pilot project with Winnebago county Health Department to office on providing tenant based housing assistance to persons residing in the HIV Care connect Region due to guideline changes for the short term rent mortgage and utility assistance program. Changes in guidelines pose unique challenges in different areas of Illinois. There continues to a challenge for case managers to demonstrate that an individual who is already living in poverty has an emergency need to qualify for the STRMU program. Winnebago County Health department HIV Care Connect region will be piloting the tenant based housing assistance program in 2015. Building Changes, HUD technical assistance group will be providing help to the region on how to implement tenant based program.

<p><b>If only summary criteria were described, how can potential applicants access application manuals or other state publications describing the application criteria? (CDBG only)</b></p>	
<p><b>Describe the process for awarding funds to state recipients and how the state will make its allocation available to units of general local government, and non-profit organizations, including community and faith-based organizations. (ESG only)</b></p>	
<p><b>Identify the method of selecting project sponsors (including providing full access to grassroots faith-based and other community-based organizations). (HOPWA only)</b></p>	<p>The selection process is based on the Lead Agents that receive funding for the Ryan White Title II funds. The Department allows the HIV Care Connect Lead Agents to subcontract with local service providers for housing services. The Department recently held a meeting with lead agents, giving instructions on how to include faith-based organizations as entities eligible to apply for funding.</p>

<p><b>Describe how resources will be allocated among funding categories.</b></p>	<p>Resources that are allocated through the HIV Care Region are based on the guidelines established for the tenant based program.</p>
<p><b>Describe threshold factors and grant size limits.</b></p>	
<p><b>What are the outcome measures expected as a result of the method of distribution?</b></p>	<p>Safe and affordable housing is the expected outcome of the method of distribution. Housing for persons with HIV/AIDS is an important component of the national response to AIDS. The National AIDS Strategy recognizes that housing is essential in providing health care and other support and sets a goal for ensuring that all persons with HIV have access to services and housing that is affordable, of high quality and responsive to their needs.</p>

**Discussion:**

Further details of all of these programs can be found on the individual agencies' websites when funding availability is announced, including actual application forms and instructions.

HOPWA Lead Agents report an ongoing need for housing assistance and request training and support for services such as alcohol and drug abuse. Affordable quality housing is very limited particularly for person's living with HIV/AIDS. The housing assistance program continues to be an important catalyst for providing safe and affordable housing to persons living with HIV/AIDS.

## AP-35 Projects – (Optional)

### Introduction:

This page will be completed as projects are added.

#	Project Name
1	IHDA HOME Admin FY2015
3	ESG 15 State of Illinois
4	IDPH HOPWA Admin 2015
5	Mundelein Apartments
6	Casa Heritage
7	Axley Place
8	Wisdom Village of Northlake
9	Macoupin Homes
10	Dixon Square Apartments
11	Diamond Senior Apartments
12	Arbor Place of Lisle
13	The Landings of Belle Meadows
14	2015 State Administration
15	2015 Technical Assistance
16	2015 Economic Development Grant Program
17	2015 Public Infrastructure Grant Program
18	2015 Housing Rehabilitation Grant Program
19	2015 Emergency Public Infrastructure
20	2015 Public Infrastructure + Design
21	2015 Champagin-Urbana PHD
22	2015 St. Clair co. Health Department
23	2015 SIU School of Medicine
24	2015 Winnebago Co. HD
25	2015 UIC-Peoria
26	2015 jackson co. Health Department
27	2014 Phoenix Center
28	2015 Fifth Street Renaissance
29	2015 Alexian Brothers The Harbor
30	2015 Asian Human Services
31	2015 Bethany Place
32	2015 DeLaCerde House
33	2015 Greater Community AIDS Project

**Table 62 – Project Information**

**Describe the reasons for allocation priorities and any obstacles to addressing underserved needs**

2013 disaster funding priorities are \$3.42M in homeowner reconstruction, rehabilitation, elevation and mitigation (RREM) program and \$6.46M in public infrastructure. The RREM program will be accomplished in fiscal year 2015. The action plan outlining these priorities can be found on the following website:

<https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/2013CDBGDR.aspx>

The Ike and Midwest disaster funding priorities focus on completing previously awarded and currently underway projects in the affordable housing program, public infrastructure program, community stabilization program, economic development program and the property buyout program. New public infrastructure awards may be made to previous applicants that did not receive funding; funding order will be based upon previous ranking of the applications. All other programs are complete at this time. Information on the Midwest and Ike disaster funding priorities can be found at these websites:

<https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/MidwestDisasterRecovery.aspx> and

<https://www.illinois.gov/dceo/CommunityServices/DisasterRecovery/Pages/IKEDisasterRecovery.aspx>

**AP-38 Project Summary**  
**Project Summary Information**

<b>1</b>	<b>Project Name</b>	IHDA HOME Admin FY2015
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing Single Family Owner Occupied Rehabilitation
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$1,115,677
	<b>Description</b>	HOME FY 2015 Administrative Funds
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	
<b>2</b>	<b>Project Name</b>	ESG 15 State of Illinois
	<b>Target Area</b>	Statewide Distribution
	<b>Goals Supported</b>	Provide emergency shelter to homeless Prevent Homelessness Rapid Rehousing of Homeless Street Outreach to Homeless
	<b>Needs Addressed</b>	Homelessness
	<b>Funding</b>	ESG: \$4,711,779
	<b>Description</b>	The 2015 Federal Fiscal Year allocation of ESG funds for the State of Illinois are planned to provide outreach to persons living on the streets; assistance operating shelters for the homeless; provide utilities and emergency rental assistance to prevent homelessness; implement rapid re-housing strategies and for program administration and data collection through HMIS
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	

	<b>Planned Activities</b>	Street Outreach, Emergency Shelter, Rapid Rehousing, Homeless Prevention, HMIS, and Administration
<b>3</b>	<b>Project Name</b>	IDPH HOPWA Admin 2015
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$35,227
	<b>Description</b>	General management, oversight, and coordination of Illinois Housing Opportunity for persons living with AIDS program.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	
<b>4</b>	<b>Project Name</b>	Mundelein Apartments
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$1,800,000
	<b>Description</b>	MHR-11112
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Acquisition and Construction
<b>5</b>	<b>Project Name</b>	Casa Heritage
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing

	<b>Funding</b>	HOME: \$2,250,000
	<b>Description</b>	MHR10845
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	acquisition, rehabilitation
<b>6</b>	<b>Project Name</b>	Axley Place
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$1,900,000
	<b>Description</b>	Multi Family unit located in Glenview, IL
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	acquisition, new construction
<b>7</b>	<b>Project Name</b>	Wisdom Village of Northlake
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$2,300,000
	<b>Description</b>	MHR-11160; MF 15 unit in Northlake, IL
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	

	<b>Location Description</b>	
	<b>Planned Activities</b>	acquisition, new construction
<b>8</b>	<b>Project Name</b>	Macoupin Homes
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$2,850,000
	<b>Description</b>	MF MHR-11106
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	acquisition, new construction
	<b>9</b>	<b>Project Name</b>
<b>Target Area</b>		
<b>Goals Supported</b>		Multifamily Affordable Housing
<b>Needs Addressed</b>		Affordable Housing
<b>Funding</b>		HOME: \$1,725,503
<b>Description</b>		MHR-11157, MF unit located in Dixon,IL
<b>Target Date</b>		
<b>Estimate the number and type of families that will benefit from the proposed activities</b>		
<b>Location Description</b>		
<b>Planned Activities</b>		acquisition and rehabilitation
<b>10</b>	<b>Project Name</b>	Diamond Senior Apartments
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing

	<b>Funding</b>	HOME: \$1,696,928
	<b>Description</b>	MHR-11119
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Acquisition and new construction
<b>11</b>	<b>Project Name</b>	Arbor Place of Lisle
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$1,900,000
	<b>Description</b>	MHR10963
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Acquisition and new construction
<b>12</b>	<b>Project Name</b>	The Landings of Belle Meadows
	<b>Target Area</b>	
	<b>Goals Supported</b>	Multifamily Affordable Housing
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	HOME: \$1,825,000
	<b>Description</b>	MHR11099
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	

	<b>Location Description</b>	
	<b>Planned Activities</b>	Acquisition and rehabilitation
<b>13</b>	<b>Project Name</b>	2015 State Administration
	<b>Target Area</b>	
	<b>Goals Supported</b>	
	<b>Needs Addressed</b>	
	<b>Funding</b>	CDBG: \$590,446
	<b>Description</b>	2015 State Administration including salaries
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	
	<b>14</b>	<b>Project Name</b>
<b>Target Area</b>		
<b>Goals Supported</b>		
<b>Needs Addressed</b>		
<b>Funding</b>		CDBG: \$295,223
<b>Description</b>		Costs to provide technical assistance to sub-grantees
<b>Target Date</b>		
<b>Estimate the number and type of families that will benefit from the proposed activities</b>		
<b>Location Description</b>		
<b>Planned Activities</b>		
<b>15</b>	<b>Project Name</b>	2015 Economic Development Grant Program
	<b>Target Area</b>	Statewide Distribution
	<b>Goals Supported</b>	Economic Development
	<b>Needs Addressed</b>	Community and Economic Development

	<b>Funding</b>	CDBG: \$2,000,000
	<b>Description</b>	Economic Development Grants
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Provide annual allocation for economic development related assistance to address financing and infrastructure gaps. The projected jobs and businesses assisted are respectively calculated by dividing the \$2,000,000 set-aside against the maximum individual project award threshold of \$750,000 to equal a projected 2 businesses, and by dividing the set-aside by the \$15,000 individual job threshold to equal a projected 133 jobs created or retained. The approximate low-to-moderate jobs supported with economic development funding is calculated by multiplying the approximate jobs created/retained projected by .51 to equal 68 low-to-moderate income jobs.
16	<b>Project Name</b>	2015 Public Infrastructure Grant Program
	<b>Target Area</b>	Statewide Distribution
	<b>Goals Supported</b>	Public Infrastructure Activities
	<b>Needs Addressed</b>	Community and Economic Development
	<b>Funding</b>	CDBG: \$11,785,569
	<b>Description</b>	Public Infrastructure Grant Program
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	

	<b>Planned Activities</b>	Assist approximately 26 communities in developing/upgrading their water and/or sewer infrastructure, primarily to address threats to health and safety. Projects that benefit at least 51% low-and-moderate income persons will be prioritized to achieve awarding a minimum 70% of program funds for projects that support LMI populations. The projected number of communities assisted is calculated by dividing the PI budget against the maximum individual project award threshold of \$450,000 to equal 26. The approximate number of individuals supported is calculated by multiplying the number of communities by 1,200 persons to equal 31,428.
17	<b>Project Name</b>	2015 Housing Rehabilitation Grant Program
	<b>Target Area</b>	Statewide Distribution
	<b>Goals Supported</b>	Single Family Owner Occupied Rehabilitation
	<b>Needs Addressed</b>	Affordable Housing
	<b>Funding</b>	CDBG: \$6,096,057
	<b>Description</b>	Housing Rehabilitation Grant Program
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Assist approximately 15 communities in funding housing rehabilitation for low-and-moderate income persons. The projected number of communities assisted is calculated by dividing the HR budget against the maximum individual project award threshold of \$400,000 to equal 15. The anticipated total number of households assisted is calculated by multiplying the number of communities by 10 households to equal 150.
18	<b>Project Name</b>	2015 Emergency Public Infrastructure
	<b>Target Area</b>	Statewide Distribution
	<b>Goals Supported</b>	Public Infrastructure Activities
	<b>Needs Addressed</b>	Community and Economic Development
	<b>Funding</b>	CDBG: \$2,244,300
	<b>Description</b>	Public Infrastructure grants in emergency situations
	<b>Target Date</b>	

	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Assist approximately 13 communities to address emergency threats to health and safety, primarily in the areas of public infrastructure. Communities must demonstrate financial need. Projects that benefit at least 51% low-and-moderate income persons will be prioritized to achieve awarding a minimum 70% of program funds for projects that support LMI populations. The projected number of communities assisted is calculated by dividing the PI budget against the maximum individual project award threshold of \$200,000 to equal 13. The approximate number of individuals supported is calculated by multiplying the number of communities by 1,200 persons to equal 15,600.
19	<b>Project Name</b>	2015 Public Infrastructure + Design
	<b>Target Area</b>	Statewide Distribution
	<b>Goals Supported</b>	Public Infrastructure Activities
	<b>Needs Addressed</b>	Community and Economic Development
	<b>Funding</b>	CDBG: \$2,773,456
	<b>Description</b>	Public Infrastructure Grants including Design
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Assist approximately 6 communities in developing/upgrading their water and/or sewer infrastructure including design assistance, primarily to address threats to health and safety. Projects that benefit at least 51% low-and-moderate income persons will be prioritized to achieve awarding a minimum 70% of program funds for projects that support LMI populations. The projected number of communities assisted is calculated by dividing the PI budget against the maximum individual project award threshold of \$450,000 to equal 6. The approximate number of individuals supported is calculated by multiplying the number of communities by 1,200 persons to equal 7,200.

20	<b>Project Name</b>	2015 Champagin-Urbana PHD
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$119,768
	<b>Description</b>	Provide short term rent mortgage and utility assistance to persons living with HIV/AIDS in East Central Illinois.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Housing assistance is provided to persons that are in need emergency payments for rent, mortgage and or utility assistance.
21	<b>Project Name</b>	2015 St. Clair co. Health Department
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$8,000
	<b>Description</b>	Provide short term rent, mortgage and utility assistance to persons living with HIV/AIDS.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Continue to provide housing assistance to persons living with HIV/AIDS who have an emergency situation which place him or her at risk for homelessness.
22	<b>Project Name</b>	2015 SIU School of Medicine
	<b>Target Area</b>	

	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$100,000
	<b>Description</b>	Provide housing assistance to persons living with HIV/AIDS in Central Illinois area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Continue to provide housing assistance to persons living with HIV/AIDS who have an emergency situation which places him or her at risk for homelessness.
<b>23</b>	<b>Project Name</b>	2015 Winnebago Co. HD
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$153,000
	<b>Description</b>	Provide housing assistance to persons living with HIV/AIDS in Northwestern Illinois area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	
<b>24</b>	<b>Project Name</b>	2015 UIC-Peoria
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$205,670

	<b>Description</b>	Provide housing assistance to persons living with HIV/AIDS in Peoria county area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Continue to provide housing assistance to persons living with HIV/AIDS who have an emergency situation which place him or her at risk for homelessness.
25	<b>Project Name</b>	2015 Jackson Co. Health Department
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$20,000
	<b>Description</b>	Provide short term rent, mortgage and utility assistance to persons living with HIV/AIDS in Southern Illinois area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Jackson County Health Department will continue to provide short term rent, mortgage and utility assistance to persons living with HIV/AIDS.
26	<b>Project Name</b>	2014 Phoenix Center
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$87,794
	<b>Description</b>	Provide housing and supportive services to persons living with HIV/AIDS in central Illinois.
	<b>Target Date</b>	

	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Phoenix Center is housing facility that provides housing and supportive services to person living with HIV/AIDS. Individuals will attend weekly housie meetings to address medical care and other supportive needs.
<b>27</b>	<b>Project Name</b>	2015 Fifth Street Renaissance
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$90,000
	<b>Description</b>	Provide housing and supportive services to persons living with HIV/AIDS located Sangamon County area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Fifth Street Renaissance will provide housing and supportive services to persons lviing with HIV/AIDS.
<b>28</b>	<b>Project Name</b>	2015 Alexian Brothers The Harbor
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$90,000
	<b>Description</b>	Housing facility located in Lake county that provides housing and supportive services to persons living within housing facility.
	<b>Target Date</b>	

	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Alexian Brothers the Harbor is a housing facility that provides housing and supportive services to persons living with HIV/AIDS.
29	<b>Project Name</b>	2015 Asian Human Services
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$75,000
	<b>Description</b>	Provide housing and supportive services to persons living at Asian Human Services transitional housing.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Asian Human Services plans to provide supportive services to 16 persons living with HIV/AIDS.
30	<b>Project Name</b>	2015 Bethany Place
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$75,000
	<b>Description</b>	Bethany Place provides housing to persons living with HIV/AIDS in the Southwestern area of Illinois.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	

	<b>Location Description</b>	
	<b>Planned Activities</b>	Bethany Place plan to provide the following services to perons living with HIV/AIDS: housing and supportive services
<b>31</b>	<b>Project Name</b>	2015 DeLaCerde House
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$86,650
	<b>Description</b>	Provide housing and supportive services to persons living with HIV/AIDS in the Rock Island, Illinois area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Delacerda House plans to provide the following services to persons living with HIV/AIDS: Supportive services and operating costs.
<b>32</b>	<b>Project Name</b>	2015 Greater Community AIDS Project
	<b>Target Area</b>	
	<b>Goals Supported</b>	Housing for Persons with HIV/AIDS
	<b>Needs Addressed</b>	Special Needs
	<b>Funding</b>	HOPWA: \$85,000
	<b>Description</b>	Provide housing and supportive services to persons living with HIV/AIDS in the East Central Illinois area.
	<b>Target Date</b>	
	<b>Estimate the number and type of families that will benefit from the proposed activities</b>	
	<b>Location Description</b>	
	<b>Planned Activities</b>	Greater Community AIDS Project plan to provide the following services to persons living with HIV/AIDS: Supportive services and operating costs.

## **AP-40 Section 108 Loan Guarantee – 91.320(k)(1)(ii)**

### **Will the state help non-entitlement units of general local government to apply for Section 108 loan funds?**

Yes

### **Available Grant Amounts**

Local governments interested in applying to HUD for a loan guarantee must first request an application from DCEO Office of Community Development and submit to aforesaid office in order to obtain the State's concurrence and pledge of grants.

Funds will be awarded to eligible non-entitlement units of local government following a review and evaluation of the application submitted (underwriting), to determine if the proposed project meets the requirements for the State's concurrence and pledge of grants. **Eligible local governments may submit applications for consideration at any time.** Applications may be submitted individually by one unit of general purpose local government, or jointly, by two (2) or more units of general-purpose local government. Joint submissions must contain a copy of the Cooperating Agreement entered into by the cooperating units of government. The Agreement should designate the unit of local government that will serve as lead applicant.

Applications for the Section 108 program must be submitted in conformance with CFR Part 570.704 and the format and applicable instructions specified by the Department of Commerce and Economic Opportunity.

Application review will ensure that all appropriate funding criteria have been considered, and the overall benefits to be achieved warrant the State's concurrence, acceptance of the responsibilities outlined in CFR Part 570.710.

The Department may set aside a multi-year, cumulative total of up to twenty percent (20%) of its current and future CDBG allocations plus any CDBG program income for pledge of grants that will be used as security for notes and other obligations issued by units of non-entitlement local government pursuant to Section 108 of the Housing and Community Development Act of 1974, as amended. However, in no event may the amounts pledged exceed the limits contained in CFR Part 570.705(a) or up to five (5) times the amount of its last CDBG grant less the amounts of any unpaid balances previously guaranteed.

These pledges of grants do not immediately reduce the State's non-entitlement CDBG allocations, but rather create an obligation on the part of the State to use its CDBG funds to make payments on behalf of

local governments that default on their loan payments to note holders. For any notes backed by the State's Pledges, the Department will require appropriate covenants that transfer an appropriate share of the risk to the local government and sub-recipient business.

The locality submitting the Section 108 final application must hold public hearing(s) in accordance with the requirements of HUD and Illinois's Community Development Assistance Program.

The state will be applying for a maximum of \$130,000,000 in Section 108 guaranteed loan funds which is approximately five times the amount of the State's FFY 2012 CDBG allocation.

Maximum loan guarantee amount: \$20,000,000 per project. However, in the interests of limiting exposure and promoting a diversified portfolio, the Department reserves the right to limit the amounts pledged to any one unit of local government or business interest. The Department of Commerce and Economic Opportunity (DCEO) Director may approve loan amounts that exceed the maximum loan guarantee amount awarded to each applicant if adequate economic impact can be documented.

### **Acceptance process of applications**

Local governments interested in applying to HUD for a loan guarantee must first request an application from DCEO Office of Community Development and submit to aforesaid office in order to obtain the State's concurrence and pledge of grants.

Funds will be awarded to eligible non-entitlement units of local government following a review and evaluation of the application submitted (underwriting), to determine if the proposed project meets the requirements for the State's concurrence and pledge of grants. **Eligible local governments may submit applications for consideration at any time.** Applications may be submitted individually by one unit of general purpose local government, or jointly, by two (2) or more units of general-purpose local government. Joint submissions must contain a copy of the Cooperating Agreement entered into by the cooperating units of government. The Agreement should designate the unit of local government that will serve as lead applicant.

Applications for the Section 108 program must be submitted in conformance with CFR Part 570.704 and the format and applicable instructions specified by the Department of Commerce and Economic Opportunity.

Application review will ensure that all appropriate funding criteria have been considered, and the overall benefits to be achieved warrant the State's concurrence, acceptance of the responsibilities outlined in CFR Part 570.710.

The Department may set aside a multi-year, cumulative total of up to twenty percent (20%) of its current and future CDBG allocations plus any CDBG program income for pledge of grants that will be used as security for notes and other obligations issued by units of non-entitlement local government

pursuant to Section 108 of the Housing and Community Development Act of 1974, as amended. However, in no event may the amounts pledged exceed the limits contained in CFR Part 570.705(a) or up to five (5) times the amount of its last CDBG grant less the amounts of any unpaid balances previously guaranteed.

These pledges of grants do not immediately reduce the State's non-entitlement CDBG allocations, but rather create an obligation on the part of the State to use its CDBG funds to make payments on behalf of local governments that default on their loan payments to note holders. For any notes backed by the State's Pledges, the Department will require appropriate covenants that transfer an appropriate share of the risk to the local government and sub-recipient business.

The locality submitting the Section 108 final application must hold public hearing(s) in accordance with the requirements of HUD and Illinois's Community Development Assistance Program.

## **AP-45 Community Revitalization Strategies – 91.320(k)(1)(ii)**

**Will the state allow units of general local government to carry out community revitalization strategies?**

### **State’s Process and Criteria for approving local government revitalization strategies**

The Community Revitalization Strategy Area (CRSA) program was created in 2007 as a pilot program to “identify and target funds toward comprehensive community revitalization strategies to create economic opportunity in distressed areas by stimulating reinvestment of human and economic capital and empowering low-income residents” as stated in the Comprehensive Plan. CRSA communities had to be 75% LMI and all census tracts have at least 20% poverty. Between 2007 and 2012, seven grants were awarded, four of which went to Cairo, IL.

When evaluating programs in preparation for the 2015 Consolidated Plan we found that Cairo’s LMI% is now 65.4%, making it ineligible for the CRSA program. Under further evaluation, it was found that only 25 units of local government would even be eligible to apply. Of these, only two had populations of more than 3,000 and twenty had populations of less than 500. Therefore, we felt the funds previously allocated for CRSA would have more impact in other program areas, and the Action Plan was amended accordingly.

## **AP-50 Geographic Distribution – 91.320(f)**

### **Description of the geographic areas of the state (including areas of low-income and minority concentration) where assistance will be directed**

The State has identified very and extremely low-income households as one of the priority populations under the Consolidated Plan. The Authority also puts a high value on quality location of projects and availability of resources and access to amenities. HUD provides CDBG funds to DCEO primarily for rehabilitation in projects in non-entitlement/non-urban areas. Since the CDBG program does limit the ability to utilize CDBG funds for housing beyond housing rehabilitation, the Illinois Department of Commerce and Economic Opportunity as administrator of CDBG targets CDBG funds to owner-occupied households in non-entitlement/non-urban areas. Under the HOME Program, IHDA expends the majority of its HOME Program funding for rental housing through its rental housing development program and through its Single Family Owner Occupied Rehabilitation Program. To some extent, the expenditure of CDBG, HOME Program and other program funds on housing programs is driven by the market. The Authority's impact in opportunity areas within the State is limited by applications for funding in these areas, but is interested in partnering with other community organizations. The State is also exploring opportunities to expend significant HOME funds in areas with identified concentrations of low-income and minority populations.

CDBG/Community Development Assistance Program grant funding is only available to communities that are not direct entitlements (receive their own direct CDBG allocation).

ESG is geographically dispersed to the Illinois Continuum of Care agencies.

HOPWA is geographically dispersed to the Illinois HIV Care Connect regions

### **Geographic Distribution**

<b>Target Area</b>	<b>Percentage of Funds</b>
Statewide Distribution	100

**Table 63 - Geographic Distribution**

### **Rationale for the priorities for allocating investments geographically**

The State has not established a policy of targeting its funds within already Federally or State-defined eligible areas of the State to more specific jurisdictions or regions. If absolute need numbers were used to determine resource allocations of programs, areas with less densely populated communities (e.g. rural areas, small cities, suburban areas with comparatively lower numbers of low and very low-income households versus total households) would be discriminated against, as most of the assistance would then go to large urban centers exclusively. The State agencies administering Federal and State programs will continue to make concerted efforts to provide more outreach and technical assistance to eligible applicants to ensure that information on affordable housing, economic development and public facilities

programs is available on an equitable basis.

The State of Illinois has established guidelines for all of its programs, but has also worked hard to retain the flexibility needed for local governments, non-profits, and developers to apply for projects that meet local needs. As such, the only major factor governing geographic distribution under each of IHDA's programs is the enabling law or statute for that program. The State does not target its funds by racial or ethnic group. Income is already a major targeting mechanism under almost all of IHDA's as well as HUD's programs.

CDBG/Community Development Assistance Program grant funding is only available to communities that are not direct entitlements (receive their own direct CDBG allocation).

## **Discussion**

See above.

## Affordable Housing

### AP-55 Affordable Housing – 24 CFR 91.320(g)

**Introduction:**

The tables in this section include combined goals from the different HUD-CPD formula grants. For the purpose of this section, the term "affordable housing" is defined in the HOME regulations at 24 CFR 92.252 for rental housing and 24 CFR 92.254 for homeownership. This estimate does not include the provision of emergency shelter, transitional shelter, or social services.

<b>One Year Goals for the Number of Households to be Supported</b>	
Homeless	
Non-Homeless	
Special-Needs	
Total	

**Table 64 - One Year Goals for Affordable Housing by Support Requirement**

<b>One Year Goals for the Number of Households Supported Through</b>	
Acquisition of Existing Units	74
Total	74

**Table 65 - One Year Goals for Affordable Housing by Support Type**

**Discussion:**

Rental assistance includes the ESG goal of 1,075 persons assisted through rapid rehousing, and 75 special needs persons with HIV/AIDS assisted through tenant-based rental assistance or AIDS-designated housing facilities.

Rehab of existing units includes anticipated 170 existing, single family, low-to-moderate income homes will be rehabilitated through the CDAP Housing Rehabilitation Program, 75 units through HOME SFOOR, and 20 units through HOME Multifamily.

For year 2015, HOPWA program plans for provide short term rental assistance and tenant based assistance to a total of 396 persons living with HIV/AIDS. Affordable housing continues to be a barrier for persons living with HIV/AIDS in the Illinois jurisdictional area. In the lower 17 counties of the state there are little to no available affordable housing options and available housing options are often of poor quality. Subsidize properties are extremely limited and waiting lists are generally two to three years. Those most in need of housing are usually low income and formerly incarcerated. **Affordability:** Housing costs across the State (rental or purchase) are priced out of the reach of most persons living with HIV/AIDS. One of the common complaints is that the clients are paying greater than 50% of their income for, in most cases, inadequate housing. The affordable housing is usually substandard and considered an unhealthy environment for people with suppressed immune systems. **Rural poverty:** Out

of the 102 counties in Illinois, 78 counties are considered rural. Clients who reside in these areas have their share of challenges including travel costs, inadequate public transportation options, few supportive housing programs, limited job opportunities, and substandard housing. Homelessness is often invisible or undocumented. Resources for housing are in short supply, which often requires traveling to another city or county

## **AP-60 Public Housing - 24 CFR 91.320(j)**

### **Introduction:**

With passage of the Quality Housing and Work Responsibility Act, of 1998, States have a more pronounced role in working with local Public Housing Authorities.

The State of Illinois does not own or operate any public housing as a public housing authority. Accordingly, the State does not expect to play a management role in encouraging residents of public housing to become more involved in the management of public housing. All public housing authorities are required by HUD to have Resident Councils or Advisory Boards. They are also required to have a resident serving as a member on their Board of Commissioners. The Council/Advisory Board must review and comment on the public housing authority's Annual Agency Plan prior to submittal to HUD.

### **Actions planned during the next year to address the needs to public housing**

\* For the last ten years, the Consolidated Plan-Action Plan and the Annual Performance Report, documents have been sent in a special mailing to all public housing authorities (PHAs) in Illinois. PHAs will remain part of the regular notification and distribution process for Consolidated Plan documents.

\* PHAs are also specifically sent a mailing inviting them to attend the public hearings on the Consolidated Plan.

\*Public housing inventory statistics are included in the Housing Market Analysis Section of the 2015-2019 Consolidated Plan.

\*IHDA took on the additional role of certifying the Consistency of PHA Agency Plans with the State Consolidated Plan (for all PHAs serving non-Entitlement areas which are not covered by a local Consolidated Plan). To facilitate better communications, a February 6, 2015 memo was sent out to all PHAs to explain the State's process and even included IHDA's internal review forms. A similar, updated memo is sent out to all PHAs in the State jurisdiction. IHDA also kept the Illinois Association of Housing Authorities (IAHA) and the Illinois Chapter of the National Association of Housing and Redevelopment Officials (NAHRO) informed of these new procedures by attending targeted meetings of these organizations to make presentations and answer questions about the process to/from PHA officials.

\*IHDA will benefit from reviewing the Agency Plans by obtaining information on PHA waiting lists. These assist IHDA in both its future site and market studies and in future program planning. IHDA also works with a number of PHAs on converting Housing Choice Vouchers to Project-Based Assistance, especially under the Low Income Housing Tax Credit Program.

### **Actions to encourage public housing residents to become more involved in management and participate in homeownership**

The State of Illinois does not own or operate any public housing as a State public housing authority. As such, it does not anticipate any major State involvement in this area, except to continue to provide related program information to interested parties through the IHDA/OHCS housing information clearinghouse, including housing authorities that may be establishing homeownership programs through their Agency Plans. It does plan to participate in homeownership efforts that are part of larger PHA redevelopment (e.g. HOPE VI) and family self-sufficiency efforts.

**If the PHA is designated as troubled, describe the manner in which financial assistance will be provided or other assistance**

Per HUD PIH's determination, the Housing Authority of Gallatin County and the Alexander County Housing Authority in Illinois were designated as troubled as of 6/12/2015. IHDA will provide outreach to troubled PHAs upon local request and will be available to meet with PHA officials to discuss areas where it may be able to provide technical assistance to assist in improving operations to remove this classification.

Other relevant State agencies, especially the Department of Commerce and Economic Opportunity and the Department of Human Services, will be invited to participate in a comprehensive team technical assistance effort as warranted. IHDA also reserves the right to potentially invite other PHAs (e.g., high performers) and other technical assistance providers as an option to reaching the same goal of getting the "troubled" designation removed.

Specific financial assistance under any of the four Consolidated Plan formula grant programs will currently be considered as any other application competing for limited funds, unless appropriate State agencies deem otherwise and have the latitude or flexibility to consider such funding on a prioritized basis under the current Consolidated Plan and the program's guidelines. All other eligible financial resources and programs will also be reviewed and evaluated as part of the overall technical assistance effort.

IHDA will continue to work with PHAs on an as-needed basis to help address their needs for accessing housing, technical, and financial assistance resources. Recent examples have included the following: a planned PHA workshop on the formation and development of housing non-profits, assistance in referrals for obtaining local PHA market studies, supportive housing workshops, referrals to other funding sources for operations (e.g. Illinois Facilities Fund), State letters of support for HUD applications and similar efforts.

**Discussion:**

Due to increased emphasis on further meeting the housing needs of identified, underserved populations, the State (primarily through IHDA) plans to continue expansion of its funding activities with public housing authorities and their non-profit subsidiaries. IHDA will continue to work with PHAs and their non-profit subsidiaries to do both preservation and single-family new construction for rental

housing and homeownership.

## **AP-65 Homeless and Other Special Needs Activities – 91.320(h)**

### **Introduction**

HUD's Continuum of Care Programs provide major federal funding to promote community-wide commitment to the goal of ending homelessness, supporting efforts by nonprofit providers and State and local governments to quickly rehouse homeless individuals and families while minimizing the trauma and dislocation caused to individuals, families, and communities by homelessness. The State supports applications by eligible CoC's under HUD's Continuum of Care program, including the review of applications under HUD's programs in order to provide Certifications of Consistency with the State's Consolidated Plan.

None of the twenty CoCs applied for UFA or HPC status. The CoCs applied for over \$72 million in PPRN funds and over \$94 million in FPRN funds. However, these numbers do not collectively represent all of Illinois' CoCs. One Continuum of Care (CoC) did not provide a PPRN value, two CoCs did not respond, and seven CoCs did not specify which value they were reporting so their responses were disqualified.

Of the twenty Continuums of Care (CoCs) in Illinois, eight have implemented coordinated entry/assessment systems, three are expecting to implement one in the next couple of months, six are in the process of creating a system, and three do not have one at this time. For those in the process of creating one or have yet to create one, the Interagency Council on Homelessness is prepared to assist them in accessing mainstream services.

### **Describe the jurisdictions one-year goals and actions for reducing and ending homelessness including**

#### **Reaching out to homeless persons (especially unsheltered persons) and assessing their individual needs**

The Continuum of Care organizations conduct these activities within their local jurisdictions and set their funding priorities based on the outcomes.

Fourteen of the Continua of Care (CoCs) emphasized the value and importance of collaborating with other groups to educate and provide outreach for homeless services. These groups could include law enforcement, health care entities, mental health care providers, and housing organizations. Six CoCs explicitly mentioned street outreach programs. Four CoCs reported using the HMIS system as a coordination and outreach strategy, as well as using a coordinated assessment and intake process. Other strategies at least one CoC each included in their descriptions include using their Point-in-Time (PIT) counts; conducting an annual street survey; focusing on street outreach for youth; visiting tent cities and other temporary, informal shelters; adopting the VI-SPADT program; providing a homeless crisis response system; having a referral hotline in the community; providing strategically placed outreach offices; and, conducting tailored serious mental illness outreach.

DoA's Colbert Consent Decree Parties have produced an implementation plan to help coordinate agency services and ease the transition process for Class Members. The Consent Decree and Nursing Home Deflection Program (if continued) work to prevent future people from entering the institutional system if it is unwanted. DoA has an average monthly caseload of 84,985 individuals. It's anticipated resources for FY 2016 are \$882,821,400.

The DD Division maintains a waiting list for DD Medicaid Waiver services. Homelessness is part of the criteria for immediate enrollment and receipt of DD Waiver services (if determined eligible). Local Independent Service Coordination (ISC) agencies under contract with the Division of DD maintain the waiting list of persons seeking DD Waiver services and make crisis determinations in the communities they serve. They work cooperatively with other public and private agencies to identify individuals with DD in need.

DHS services funding, combined with the \$21,623,474 in DMH funding provided in Residential and Housing Program Services and Support Services Programs described above, exceeded \$ \$47,725,029 in 2014. This include Bridge Subsidies for Williams Class members.

The Division of Mental Health recognizes the contributions of existing Supported and Supervised Residential program settings. As such, a strategic decision has been made to continue funding support to these program types. However, in State FY 2014 and forward, the Division of Mental Health will no longer support the creation nor expansion of any proposed new Supported or Supervised Residential program sites that do not meet all elements of the new DMH Permanent Supportive Housing model.

DASA works with the Interagency Council on Homelessness to end all forms of homelessness, using its resources and services whenever possible. DASA intends to continue its existing services in the best capacity possible with available funding. DASA does not have any discharge policies, as 80% of its clients use outpatient services.

### **Addressing the emergency shelter and transitional housing needs of homeless persons**

These goals are met at the local level by the Continuum of Care organizations based on each jurisdictions priorities.

The Illinois Department of Public Health will continue to support housing facilities that provide services to persons with HIV/AIDS. We recognize the need for housing for individuals who have zero income, particularly those who are affected by alcohol or other substance abuse addictions and who have histories of incarceration. Stable housing is important for person with HIV/AIDS to help continue medical care and adherence to drug therapies. For people with HIV/AIDS, imprisonment can lead

to multiple challenges, including disruption of medical care, difficulty adhering to treatment plans, return to risky behavior, and returning to stable housing.

Illinois Continua of Care (CoCs) are split between transitioning to and supporting Rapid Rehousing and Permanent Supportive Housing (PSH) programs and providing more emergency shelter and transitional housing. Eight CoCs mentioned their emergency shelters, some describing how the shelters are separated by demographic (men, women, families, youth, domestic violence, and veterans). Six CoCs stated they had transitional housing services. Five CoCs emphasized PSH programs, four discussed diversion programs, and three CoCs stressed rapid rehousing. Other strategies mentioned included making landlords aware of homeless prevention strategies; sending housing providers to training sessions whenever possible; providing life skill services; creating a planning committee; providing emergency fund assistance; and, two CoCs claimed their services were sufficient at this time.

**Helping homeless persons (especially chronically homeless individuals and families, families with children, veterans and their families, and unaccompanied youth) make the transition to permanent housing and independent living, including shortening the period of time that individuals and families experience homelessness, facilitating access for homeless individuals and families to affordable housing units, and preventing individuals and families who were recently homeless from becoming homeless again**

Emergency solutions Grants aim to provide services to aid homeless persons. Services funded include: case management, childcare, education services, employment assistance and job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations.

Half of the twenty Illinois Continua of Care (CoCs) state they use their coordinated assessment tools (often the HMIS system) to determine each resident's needs to prevent homelessness or maintain permanent supportive housing (PSH) or affordable housing. Nine CoCs emphasize the importance for enough PSH, so people in emergency shelters or transitional housing do not become homeless again. Other strategies listed include providing strong outreach for the available programs, having well-functioning emergency shelters and transitional housing, providing life skills training (such as financial literacy, credit improvement, and education), creating housing retention services to address each individual's situation, access to health care, education tenants and landlords on their subsequent rights, providing rapid rehousing, and focusing on initial homeless prevention.

**Helping low-income individuals and families avoid becoming homeless, especially extremely low-income individuals and families and those who are: being discharged from publicly funded institutions and systems of care (such as health care facilities, mental health facilities, foster care and other youth facilities, and corrections programs and institutions); or, receiving**

**assistance from public or private agencies that address housing, health, social services, employment, education, or youth needs**

Emergency Solutions Grants aim to provide services to prevent the individual or family from becoming homeless. Services funded include short or medium-term rental assistance and/or rental arrears, utilities, rental application fees, security deposits, last month's rent, utility deposits and payments, moving costs, housing search and placement, housing stability case management, landlord-tenant mediation, tenant legal services, and credit repair.

The majority of Illinois' Continua of Care (CoCs) provide services to homeless youth. Most of these services are focused around emergency shelter and transitional or temporary housing; however, some are working to provide permanent supportive housing (PSH) for youth. Eleven CoCs focus on PSH for the chronic homeless and nine focus on homeless veterans. At least a few CoCs provide emergency shelters, rapid rehousing, homeless prevention, transitional housing, and/or PSH for families. Other strategies to target certain populations include outreach for chronically homeless people; coordinated entry services for veterans; transportation to drop-in services for veterans; and, utility and deposit assistance for families and veterans.

DoA's Colbert Consent Decree Parties have produced an implementation plan to help coordinate agency services and ease the transition process for Class Members. The Consent Decree and Nursing Home Deflection Program (if continued) work to prevent future people from entering the institutional system if it is unwanted.

The DD Division maintains a waiting list for DD Medicaid Waiver services. Homelessness is part of the criteria for immediate enrollment and receipt of DD Waiver services (if determined eligible). Local Independent Service Coordination (ISC) agencies under contract with the Division of DD maintain the waiting list of persons seeking DD Waiver services and make crisis determinations in the communities they serve. They work cooperatively with other public and private agencies to identify individuals with DD in need.

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DASA works with the Interagency Council on Homelessness to end all forms of homelessness, using its resources and services whenever possible. DASA intends to continue its existing services in the best

capacity possible with available funding. DASA does not have any discharge policies, as 80% of its clients use outpatient services.

## **Discussion**

Emergency Solutions Grants aim to provide services to aid homeless and at risk of homelessness persons and families. Services funded include: case management, childcare, education services, employment assistance, job training, outpatient health services, legal services, life skills training, mental health services, substance abuse treatment services, transportation, and services for special populations. The providers encourage individuals to gain stability within the community and their life by monitoring their progress and requiring certain goals to be made and attained.

**AP-70 HOPWA Goals – 91.320(k)(4)**

<b>One year goals for the number of households to be provided housing through the use of HOPWA for:</b>	
Short-term rent, mortgage, and utility assistance to prevent homelessness of the individual or family	328
Tenant-based rental assistance	8
Units provided in permanent housing facilities developed, leased, or operated with HOPWA funds	0
Units provided in transitional short-term housing facilities developed, leased, or operated with HOPWA funds	60
Total	396

## **AP-75 Barriers to affordable housing – 91.320(i)**

### **Introduction:**

Actions Planned - These include the following: (1) Continued processing of Housing Affordability Impact Notes for all relevant State legislation proposed in the Illinois General Assembly; (2) The Illinois Housing Locator system continues to operate to allow landlords to list available rental properties to prospective renters. By December 31, 2014, 7,258 landlords had registered just under 101,000 units throughout the state. Between January 1, 2014 and December 31, 2014 there were 1,458,555 searches for affordable housing done using ILHousingSearch.org. IHDA hopes to expand the State agency partnerships over the next year to include additional participants (e.g., IDMH, IEMA, DCFS, IDOC, to name a few).

### **Actions it planned to remove or ameliorate the negative effects of public policies that serve as barriers to affordable housing such as land use controls, tax policies affecting land, zoning ordinances, building codes, fees and charges, growth limitations, and policies affecting the return on residential investment**

AHPAA: IHDA, as the administering agency of the AHPAA, plans to produce the non-exempt local communities list every five years. Its most recent update was conducted in December 2013 using the U.S. Census's American Community Survey (ACS). Sixty-eight new non-exempt municipalities were identified and on December 16, 2013 an informational workshop was held to provide these municipalities with information concerning financial and technical assistance resources, affordable housing plan requirements, and to review data sources and calculation processes. Technical assistance is available from IHDA and partnering organizations (Business and Professional People for the Public Interest (BPI), Metropolitan Mayor Caucus, Chicago Metropolitan Agency for Planning (CMAP), and Metropolitan Planning Council (MPC)), on an ongoing basis. IHDA continues to provide direct technical assistance to municipalities throughout the state as municipalities complete and submit their affordable housing plans which are due June 2, 2015. This effort included development of an AHPAA handbook for local officials and administrators. Accessibility: Starting in 2015, IHDA now has "enhanced accountability" as a mandated requirement under its LIHTC Qualified Allocation Plan. All applicants must include at least 10% acceptable and 2% memory-impaired units in all projects. In addition, to encourage more widespread application, IHDA provides competitive points for utilizing Universal Housing Design (UHD) features. Section 811 Program: On March 2, 2015, HUD announced it was awarding \$150 million in newly authorized rental assistance funds under the Section 811 Program to 25 State Housing Finance Agencies to provide permanent homes and services to extremely low-income persons with disabilities. The funds will continue to help prevent thousands of individuals with disabilities from being unnecessarily institutionalized or falling into homelessness. Illinois Housing Development Authority, the states Housing Finance Agency, was awarded \$6.42 million which it projects will assist approximately 200 households. Rental Assistance: To encourage further availability of affordable housing to Elderly households, IHDA allowed creation of a Rental/Operating Reserve in any project with Statewide Referral Network (units). This is funded by a 3% allowed increase in developer fees. Homeownership Assistance:

IHDA began a new homebuyer mortgage financing program in 2015 known as "At Home Illinois". It is geared to serve first time homebuyers and returning borrowers, and has provisions for down-payment assistance. IHDA will continue to promote leveraging with other programs including FHLB's Down Payment Plus, USDA-RD's Section 502 Loan Guarantee, and VA Mortgage Assistance. RAD: IHDA approved five (5) RAD projects for LIHTC's. Given all anticipated demand, PHA's with rehabilitation projects will first have to try to qualify for 4% LIHTC's. PHA's are also looking into alternative financing despite the recent shortage of soft second financing sources. One new funding possibility is the National Housing Trust Fund. Preservation: IHDA established its "Preservation Now" program which is geared toward refinancing and rehabilitating affordable rental projects which have rental amenities. Decreased access to the Affordable Housing Trust Fund due to reallocations and transfers make this a questionable funding source for this program into the near future.

### **Discussion:**

HUD's Homeless Continuum of Care funding has remained fairly steady. While the HEARTH Act requires 25% of funding to be used for permanent supportive housing development, this program isn't triggered until all renewal contracts/grant agreements are met, which has barely been the case since 2011. The Statewide Referral Network (SRN) discussions detail in the Strategic Plan (SP-55) had 144 developments representing over 1,300 affordable rental housing units for persons/households at 30% AMI or below and whom are either homeless/at risk or have disability. Improvements will continue to be made to this system, including integrating it with the HUD Section 811 Project and Assistance Program.

## **AP-85 Other Actions – 91.320(j)**

### **Introduction:**

This section reviews additional actions the State is pursuing to address obstacles to meeting underserved needs, lead-based paint abatement, poverty, institutional structure, and monitoring among others.

### **Actions planned to address obstacles to meeting underserved needs**

LIHTC: One way the state addresses obstacles to meeting the state's underserved needs is through its Low Income Housing Tax Credit (LIHTC) program. The LIHTC program assists in developing affordable housing for underserved populations by using indirect Federal subsidies to finance the development or redevelopment of affordable rental housing for low-income households (at 60 percent area median income or below). The Internal Revenue Service allocates federal tax credits to state housing finance agencies which then award tax credits to eligible affordable housing developers who use the equity capital generated from the sale of these tax credits to lower the debt burden on developing these tax credit properties, making it easier to offer lower, more affordable rents. Units must maintain affordable rent for at least 30 years.

There are two types of low income housing tax credits: 9 percent tax credits, and 4 percent tax credits. Nine percent tax credits (known as the competitive tax credit) can subsidize up to 70 percent of the eligible development costs for new construction and substantial rehabilitation of housing projects that are not otherwise subsidized by the federal government. Four percent tax credits (known as the non-competitive tax credit) can be used for rehabilitation projects and when 50 percent or more of a projects eligible cost are financed with tax-exempt private activity bonds.

The Qualified Action Plan (QAP) specifies how states will review, approve, and allocate federal Low Income Housing Tax Credits (LIHTCs). As the State's LIHTC allocating agency, IHDA coordinates the development of the annual Qualified Allocation Plan (QAP). Besides the program's already statutory targeting to households at 60% of area median income or below, IHDA has built a number of factors into its application scoring system to incentivize better targeting to lower-income households. These include the following point categories: Rental Assistance; Larger Units; Green Building (lower utility bills); Rehabilitation (of existing housing); Community Revitalization Plans; 30% AMI Housing (10-15%); and Statewide Referral Network (SRN) units, which target 10-15% of a property's units to persons/households who are homeless/at-risk of homelessness or have a disability. All of these scoring criteria are aimed at incentivizing project applications which include deeper targeting to low- and moderate-income families.

Additionally, Illinois' Supportive Living Program is an affordable assisted living model administered by the Department of Healthcare and Family Services that offers elderly (65 and older) or persons with physical disabilities (22 and older) housing with services. The aim of the Program is to preserve privacy and autonomy while emphasizing health and wellness for persons who would otherwise need nursing

facility care. By combining apartment-style housing with personal care and other services, residents can still live independently and take part in decision-making.

The Department of Healthcare and Family Services currently operates this program through a Medicaid waiver which allows payment for services that are not routinely covered by Medicaid. These include personal care, homemaking, laundry, medication supervision, social activities, recreation and 24-hour staff to meet residents' scheduled and unscheduled needs. The resident is responsible for paying the cost of room and board at the facility. There are currently 143 supportive living facilities sites (11,575 units) located throughout Illinois.

### **Actions planned to foster and maintain affordable housing**

HUD issued a proposed rule in the July of 2013 to revise and detail for the first time what its requirements are for HUD grantees, PHAs, and funding recipients to "affirmatively further fair housing", a certification signed annually by all HUD grantees. The proposed rule not only clarified what actions were considered acceptable, but also clarified when the old Analysis of Fair Housing Impediments (AFHI) was now due. Now to be known as the Fair Housing Assessment (FHA), it is to be tied to the Five-Year Consolidated Plan. PHAs for the first time are required to develop their own individual plans, or can become part of their jurisdiction's FHA. For the majority of PHAs, that would be the State's FHA, generally coordinated by IHDA. The new rule also discusses disparate impact, deconcentration of poverty, and opportunity areas, but states very little about persons with disabilities, a growing area of concern with the realm of fair housing issues. It is uncertain when HUD's final rule will be published.

However, IHDA has prepared for HUD's eventual publication of it and has made the following AFFH actions:

1. Establishment of Opportunity Areas,
2. Approved changes in the 2015 QAP to make it more responsive to State actions which "affirmatively further fair housing" (AFFH). This included:
  - a. Reviewing concentrations of poverty and percentages of assisted housing (ARHI) in all areas to determine areas of concentration (part of Preliminary Project Assessment review);
  - b. Expanding requirements for the content of community revitalization plans, especially those involving a project proposed in a Qualified Census Tract (QCT) to include economic revitalization efforts;
  - c. Improving the Enhancing Accessibility point category to include language on IHDA's use of the ICC's Universal Housing Design standards as part of its building standards; (also mandating higher 10%/2% accessibility standard for all projects);
  - d. Highlighting requirements to applicants for action steps in Affirmative Fair Housing Marketing Plans (AFHMPs) to evidence outreach efforts to reach "those groups most least likely to apply";
  - e. Continuing to have the AHPAA Set-Aside, including updated lists of non-exempt as well as "at-risk" communities (i.e., those with 20% or less affordable housing share);

- f. Continuing the point category for a 10-20% set-aside for supportive housing populations, those being defined as persons with disabilities (a protected class) and/or homeless and at-risk persons and families;
- g. Requesting local government support, but eliminating any mandated documents. Use local approval, Consolidated Plan Consistency Certifications, and local HOME/CDBG funding as ways to positively reward applicants;
- h. Retaining income targeting;
- i. Retaining and expanding allowable sources of all federal and State rental assistance; and
- j. Establishing an allowable 3 percent Developer Fee for a Rental/Operating Reserve.

### **Actions planned to reduce lead-based paint hazards**

The State of Illinois has taken several steps to combat lead poisoning. Public Act 93-0789, established the Lead Safe Housing Advisory Council (LSHAC), which is co-chaired by Illinois Department of Public Health (IDPH) and charged with developing recommendations for presentation to the Governor and General Assembly regarding lead poisoning prevention. Composed of citizen advocacy groups, public health, state agency and industry representatives, the LSHAC has met since 2004. With the completion of its report to the Governor and General Assembly, the LSHAC had continued to meet as needed.

The work of the LSHAC includes both regulatory and legislative recommendations in the areas of screening and prevention, lead safe work practices, education, and funding for the remediation/rehabilitation of housing that contains lead poisoning hazards. The Lead Poisoning Prevention Act of 2006 (Public Act 94-0879) establishes pre-emptive measures to prevent children from being lead-poisoned, including increased inspections of buildings suspected of containing lead poisoning hazards. Public Act 94-0879 also includes provisions barring owners of residential buildings who have willfully violated lead safety laws from doing business with the State of Illinois or any State agency until the violation is mitigated, along with increased fines and mandatory notice to tenants of possible lead hazards in their building. In response to recommendations in the LSHAC's report, Public Act 95-0492 was signed into law, becoming effective on January 1, 2008. The Act establishes a window replacement (CLEAR-WIN) program to assist residential property owners reduce lead-paint hazards through window replacement in pilot areas across the state. In CY 2011, the pilot-areas of the City of Peoria and the Englewood community in Chicago were chosen by the LSHAC for the first round of CLEAR-WIN funding.

The Illinois Department of Public Health (IDPH) applied to the Centers for Disease Control and Prevention (CDC) to fund Lead Poisoning Prevention and Healthy Homes Activities throughout Illinois, and convened the Lead Poisoning Elimination Advisory Council (LPEAC), with IHDA serving as a member.

Under the first year of the three year CDC grant, the LPEAC assisted IDPH in developing the State's Lead Program Healthy Homes Strategic Plan, to guide lead poisoning elimination initiatives and provide recommendations on enhancing participation from communities around the State. A major task of the LPEAC involved reviewing the State's Lead Program Healthy Homes Strategic Plan, which is designed to guide lead poisoning elimination initiatives and provide recommendations on enhancing participation from communities around the State. Though Congress drastically cut FY 12 funding for the CDC (and Lead Poisoning Prevention and Healthy Homes activities), and years two and three of the CDC grant

were curtailed, IDPH did develop and put in place its Healthy Homes Strategic Plan. IDPH will seek alternative funding to further the work of the LPEAC. With the creation in IDPH of the Division of Environmental Health-Healthy Homes Program, the Department, along with the LPEAC, is drafting changes to its Healthy Homes Strategic Plan that reflect the State's on-going, multi-faceted approach to lead poisoning prevention and expanding Healthy Homes issues.

### **Actions planned to reduce the number of poverty-level families**

As has been the case in the past years, the State is utilizing the State's anti-poverty plan from its HHS funded Community Services Block Grant (CSBG) Program as the primary part of its anti-poverty strategy.

The purpose of the Community Services Block Grant program is to provide services and activities that will have a measurable and possible major impact on causes of poverty in a community or in areas where poverty is a particularly acute problem. In meeting this legislative purpose, the State of Illinois has as its objective the development of an effective anti-poverty program which encourages innovation, coordination, and specific program accomplishments in dealing with the problems of the poor. The Illinois Community Services Block Grant program is designed to accomplish the following goals:

- Development of comprehensive and coordinated anti-poverty programs which utilize all available resources to deal with the problems of communities' poor and disadvantaged citizens;
- Development of innovative programs designed to promote self-help activities that break the cycle of poverty and encourage self-sufficiency. Reflecting its position within the Department of Commerce and Economic Opportunity, the Illinois Community Services Block Grant program has as its highest priority programs which stimulate economic development and create jobs for low-income people, though affordable housing and homeownership are also important goals of the program; and
- Development of efficient management systems that reduce the administrative burden on individual programs and maximize the programmatic delivery of services to the poor.

### **Actions planned to develop institutional structure**

The following actions are expected over the next 5 years:

1. Regular meetings of the Illinois Housing Task Force, its Executive Committee, its Interagency Subcommittee, and related Working Groups to develop and implement the State's Annual Comprehensive Housing Plan.
1. Continued meetings of the OHCS Advisory Committee and State Agencies Housing Committee (quarterly), Lt. Governor's Rural Affairs Council (twice a year) and Rural Partners (as needed).

1. Ongoing assessment of training and technical assistance needs, and the provision of follow-up assistance through program workshops and other identified methods (IHDA, IDHS, IDHR, other agencies).
1. More direct technical assistance on the formation and establishment of non-profit organizations to carry out affordable housing development in underserved areas.
1. Development of informational materials on all existing and revised Federal and State housing and support services programs via: possible updating of IHDA's Resource Guide to Federal and State Housing Programs in Illinois; dissemination of materials at various workshops and conferences; and dissemination of information on new federal and state programs, as they are created in Congress and/or the Illinois General Assembly and/or established or administered by State and local governments (e.g. the new Rental Housing Support Program).

### **Actions planned to enhance coordination between public and private housing and social service agencies**

The State activities to enhance coordination between public and assisted housing providers and private and government health, mental health, services, and fair housing agencies has historically been the role of the Illinois Housing Task Force (IHTF) and its Inter-agency Subcommittee.

Examples of coordination between public and private housing and social service agencies include:

1. IHDA has historically had a strong working relationship with private for-profit and non-profit affordable housing developers and owners, especially on the multi-family side. They are the major applicants under IHDA's loan, tax credit, and rental assistance programs, including HOME, LIHTC, and Affordable housing Trust Fund programs. IHDA works closely with this group's major membership organization, the Illinois Housing Council, to co-sponsor conferences and trainings, as well as sharing information with its members on new program developments, major revisions, regulatory updates, and the like, via regular newsletters, websites, and related communications.
2. IHDA works with DCEO to coordinate energy efficiency funding for both rehabilitation and new construction rental housing developments being otherwise assisted.
3. IHDA also has had a longstanding working relationship with participating lending institutions, local governments, and non-profit organizations under its homebuyer mortgage financing and down payment assistance programs. IHDA worked with these groups in 2014 to administer over \$1.2 billion in homebuyer loans in 2014, the vast majority of them to first-time homebuyers, as well as a special targeted program for veterans.
4. Both IHDA and DCEO work with local governments (and in IHDA's case also non-profit organizations) to administer local homeowner housing rehabilitation programs targeted to low/moderate –income households.

5. DCEO also works with local governments on funding and implementing local public works/infrastructure projects to address major health and safety concerns, especially of LMI households. It also works through local governments to fund needed economic development and related infrastructure projects for business expansions which create jobs for LMI persons.
6. IHDA has worked with homeless assistance agencies which frequently provide services to residents of permanent supportive housing projects which were funded in whole or in part with IHDA resources.
7. HDA works with IDHS, IDoA, and IDHFS on the State's long-term care rebalancing strategy, which includes accessing community-based housing and rental assistance for persons exiting institutional housing facilities, including the creation of permanent supportive housing, Statewide Referral Network (SRN) units, and administering both the HUD section 811 PBRA Program and the Rental Housing Support Program. In addition, IDHS-DMH administers the Bridge Rental Subsidy Program for qualifying persons with mental illness who are also leaving Institutional residential settings. Please see the Long Term Care Rebalancing chart on **XXXXXXXX** for additional information on the related court consent decrees and implementation of them, as well as the State's Money Follows the Person Program. The 3 previously-referenced agencies generally provide the services funding to allow these persons to live in community-based housing.

#### **Discussion:**

In addition to the items discussed under "Actions planned to foster and maintain affordable housing" other proposed IHDA actions include:

1. Establishing a Limited English Proficiency (LEP) Policy and Implementation Plan;
2. Ongoing administration of the Affordable Housing Planning and Appeals Act (AHPAA) Program;
3. Evaluation of IHDA's Home Modification Program, and research into including it as a disabilities/elderly-wide element of the CMMS Section 1115 Medicaid Waiver being coordinated by IDHFS;
4. Providing targeted training on Reasonable Accommodations policy and practice; and
5. Continue inclusion of the 30% preference for Special Needs Tenants under IHDA's Rental Housing Support Program (RHSP); and
6. Fund technical assistance to IHDA property managers on HUD's new Equal Access Rule for LGBT persons.
7. Supporting uncapped use of National Housing Trust Fund (NHTF) monies to be used for operating rental/assistance for housing for extremely low income households.

Proposed actions outside of IHDA include:

1. Coordinate technical assistance with the Governor's Office to identify and work with Public Housing Authorities (PHAs) interested in participating in the remedial preferencing policy for persons with disabilities, which was approved by HUD (for Illinois PHAs);

2. Provide ACS economic development market analysis and data to DCEO, and coordinate with DCEO's State ED Plan, to encourage economic revitalization in areas of high poverty/low-income /minority concentrations;
3. Assist DCEO in establishing AFFH actions which can be carried out by units of general local government (UGLGs), the CDAP-eligible grantees, including passage and enforcement of fair housing ordinances;
4. Work with IDHS-DMH to continue implementation of the Bridge Rental Subsidy Program, a rental assistance program for persons with mental illness who are moving from institutions into community-based housing;
5. Develop ways to encourage use of the Property Tax Abatement Opportunity Act by PHAs and developers to encourage landlord participation in the HCV Program with rental properties in opportunity areas, through administering PHAs; and
6. Work with Metropolitan Planning Council (MPC) to better utilize its usage of opportunity areas for both the Regional Housing initiative (RHI) and CRHCI (vouchers) Programs.
7. Work with Illinois Department of Human Rights to provide training to PHAs on HUD's new Equal Access Rule and the State Human Rights Act – protected classes under fair housing.

## Program Specific Requirements

### AP-90 Program Specific Requirements – 91.320(k)(1,2,3)

#### Introduction:

#### Community Development Block Grant Program (CDBG)

##### Reference 24 CFR 91.320(k)(1)

Projects planned with all CDBG funds expected to be available during the year are identified in the Projects Table. The following identifies program income that is available for use that is included in projects to be carried out.

1. The total amount of program income that will have been received before the start of the next program year and that has not yet been reprogrammed	0
2. The amount of proceeds from section 108 loan guarantees that will be used during the year to address the priority needs and specific objectives identified in the grantee's strategic plan.	0
3. The amount of surplus funds from urban renewal settlements	0
4. The amount of any grant funds returned to the line of credit for which the planned use has not been included in a prior statement or plan	0
5. The amount of income from float-funded activities	0
<b>Total Program Income:</b>	<b>0</b>

#### Other CDBG Requirements

1. The amount of urgent need activities	2,803,325
2. The estimated percentage of CDBG funds that will be used for activities that benefit persons of low and moderate income. Overall Benefit - A consecutive period of one, two or three years may be used to determine that a minimum overall benefit of 70% of CDBG funds is used to benefit persons of low and moderate income. Specify the years covered that include this Annual Action Plan.	92.00%

#### HOME Investment Partnership Program (HOME)

##### Reference 24 CFR 91.320(k)(2)

1. A description of other forms of investment being used beyond those identified in Section 92.205 is as follows:

The Authority may invest HOME funds as equity investments, interest-bearing loans, non interest-bearing loans, interest subsidies consistent with the purposes of this part, deferred payment loans, grants, or other forms of assistance that HUD determines to be consistent with the purposes of this

part.

2. A description of the guidelines that will be used for resale or recapture of HOME funds when used for homebuyer activities as required in 92.254, is as follows:

The HOME regulations require that a house purchased with HOME funds must be kept affordable for an extended period of time through recapture provisions which have been determined by HUD to be appropriate. The period of affordability is based upon the HUD guidelines for amount of HOME funds per unit and is based on the amount of direct subsidy provided to the homebuyer. Direct subsidy is defined as the amount of assistance provided for down payment and closing costs for homebuyers receiving assistance in the homebuyer only program. For Homebuyers receiving funds for homebuyer with rehabilitation assistance, direct subsidy is the amount of assistance provided for down payment and closing costs plus the difference between fair market value before rehab and fair market value after rehab. See below for affordability provisions.

HOME FUNDS PROVIDED	AFFORDABILITY PERIOD
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<\$15,000	5 Years
\$15,000-\$40,000	10 Years
>\$40,000	15 Years

3. A description of the guidelines for resale or recapture that ensures the affordability of units acquired with HOME funds? See 24 CFR 92.254(a)(4) are as follows:

For Singlefamily programs funded with HOME funds IHDA uses a recapture/repayment approach in lieu of a resale approach. For IHDA multifamily, HOME funds are restricted to rental properties.

Recapture is triggered by sale or transfer and only direct subsidy to the buyer may be recaptured. The Authority has established loan restrictions which enable recapture of the HOME subsidy out of net proceeds. The HOME investment amount may be reduced pro rata based on the time the homeowner has owned and occupied the unit measured against the required affordability period. Net proceeds are defined as the sales price minus loan repayment of superior debt and closing costs. The recapture provisions will be included in a recorded recapture agreement for each unit assisted with HOME funds.

The Owner occupied provision of assistance to the homeowner must remain in effect throughout the

affordability period. The owner may not relocate and rent their property. Nor may they rent a portion of their property. Violation of this provision will trigger a recapture of all funds not forgiven as of the date of the violation.

While IHDA multifamily HOME funds are restricted to rental properties, in the event that HUD has requested that the lender return to HUD all or any portion of the proceeds of the HOME loan (the "Recapture") that have been disbursed to or for the benefit of the Borrower, the Borrower shall provide such funds to satisfy the Recapture as requested by the Lender, unless such Recapture is due solely to the actions of the Lender. The occurrence of any Default that has not been cured during any applicable grace or cure period shall give rise to a Recapture.

The Borrower agrees to indemnify against and pay IHDA for any damages related to any Recapture that is due and owing. The Borrower must also agree to full and prompt payment when due of the Recapture, plus all costs and expenses of collection and default interest as provided in the Financing Documents. The Borrower also agrees to indemnify against and pay IHDA for any damages related to any Recapture that is due and owing.

4. Plans for using HOME funds to refinance existing debt secured by multifamily housing that is rehabilitated with HOME funds along with a description of the refinancing guidelines required that will be used under 24 CFR 92.206(b), are as follows:

Any proposed HOME refinance would be subject to IHDA's application process and Multifamily Underwriting Guidelines. Refer to IHDA's Multifamily Underwriting Guidelines. The relevant HOME application manuals, underwriting guidelines, and other publications describing the application criteria are found on the IHDA website at: <http://www.ihda.org/developer/forms.htm#referenceDocuments>

### **Emergency Solutions Grant (ESG) Reference 91.320(k)(3)**

1. Include written standards for providing ESG assistance (may include as attachment)

To collaborate with the Continuum of Care's (CoC's), applications will be sent annually to obtain CoCs funding recommendations. Applications from CoCs and subrecipients will be reviewed by ESG staff, determinations will be made and award letters will be distributed. Awards will be made based upon release of funds from HUD. All DHS grant terms are July 1st through June 30th. For complete written standards please refer to the IDHS website

at <http://www.dhs.state.il.us/page.aspx?item=77857>

2. If the Continuum of Care has established centralized or coordinated assessment system that meets HUD requirements, describe that centralized or coordinated assessment system.

The State of Illinois is not a Continuum of Care organization. There are 20 CoC organizations within the State that address this issue independently.

3. Identify the process for making sub-awards and describe how the ESG allocation available to private nonprofit organizations (including community and faith-based organizations).

The Continuum of Care organizations provide a funding plan describing the performance measures and how those measures will be achieved. They also provide recommended funding by activity and agency within their CoC.

4. If the jurisdiction is unable to meet the homeless participation requirement in 24 CFR 576.405(a), the jurisdiction must specify its plan for reaching out to and consulting with homeless or formerly homeless individuals in considering policies and funding decisions regarding facilities and services funded under ESG.

The State of IL requires that all entities receiving ESG funds have a homeless or formerly homeless individual on their board or their policymaking entity.

5. Describe performance standards for evaluating ESG.

All providers are required to report their expenditures in the Emergency Solutions Tracking system at least once per quarter. On the 20th day of the month following the end of each quarter, the providers must complete and submit a Financial Status Report and a Client Statistic Report. The client statistics are tracked to determine the number of individuals that were assisted.

## **HOPWA**

The co-administration of HOPWA and Ryan White funding by IDPH allows for better coordination in program planning, new program development, and fund allocation to various activities. The Department has worked with its Part B advisory group to ensure that funding aligns to meet the needs of persons living with AIDS. The Part B Advisory group is constantly responding to meet rising needs. Though the primary focus of Part B funds is to address healthcare needs and related support services, funds have been used to address and supplement the housing needs of persons living with HIV/AIDS in the State of Illinois. Needs assessment activities are followed by priority setting and resource allocation. IDPH hosts mini-forums across the state for people living with HIV/AIDS and provider agencies to identify and address issues related to clients' needs. Topics include barriers to housing, homelessness, and emerging trends that impact people living with HIV/AIDS.

## **Discussion:**

### **HOPWA**

The co-administration of HOPWA and Ryan White funding by the Illinois Department of Public Health allows for better coordination in program planning, new program development, and fund allocation to various activities. The Department has worked with its Part B advisory group to ensure that funding aligns to meet the needs of persons living with AIDS. The Part B Advisory group is constantly responding to meet rising needs. Though the primary focus of Part B funds addresses healthcare needs and related support services, these funds have also been used to address and supplement the housing needs of persons living with HIV/AIDS in the State of Illinois. Needs assessment activities are followed by priority setting and resource allocation. IDPH hosts mini-forums across the state for people living with HIV/AIDS and provider agencies to identify and address issues related to clients' needs. Topics include barriers to housing, homelessness, and emerging trends that impact people living with HIV/AIDS.

The Department requires the HIV Care Connect Lead Agents to develop annual work plans prior to receiving funds. The work plans must identify specific service and estimated number of person's that will be served by service category. The work plan will include descriptions of populations to be served, the care and service needs of the population and ways in which the HIV Care Connect Regions will ensure that the most in need will receive housing assistance. The State ultimately has the responsibility to ensure that grantees and project sponsors are caring out their programs in accordance with all applicable laws and relations.

The Department of Public Health works closely with each HIV Care Connect program and fiscal staff on a daily basis to ensure all obligations of the HOPWA program is met. IDPH monitors all programmatic and administrative expenditures through Provide which is a data management system. Activities and expenditures are entered in this data management system before reimbursements for services are approved.

The Department will consider faith-based or non-profit organization. Every three years the Department opens grant opportunities for grassroots faith-based and other community organizations. All grantees must submit 501C nonprofit status and prove that agencies are in good standing with the State of Illinois. All grantees must describe a statement of its capacity and performance history in providing services for people living with HIV/AIDS.

## Attachments

## Grantee Unique Appendices

### State of Illinois/ Illinois Housing Development Authority (IHDA) Final Allocation Plan for the National Housing Trust Fund

Per HUD's Interim Rule for the Housing Trust Fund (HTF) at 24 CFR Part 91, IHDA establishes the following:

#### **I. Designation**

The Illinois Housing Development Authority (IHDA) has been designated by Governor Pat Quinn as the administering State agency for the newly-funded NHTF. Authorizing statute and HUD's interim rule place specific parameters on the eligible uses of these funds. Those requirements, along with IHDA's uses, are as follows:

#### **II. Method of Distribution**

- A. First of all, State NHTF grantees are also allowed to provide direct funding to subgrantee local governments to operate their own local programs/projects, but are not required to do so. Given the relatively small size of the State's initial and subsequent allocations, the State does not intend to use subgrantees under this program.
- B. In years when the national funding level falls below \$1 Billion, 100% of program funds must be used to benefit Extremely Low-Income (ELI) households, defined as 30% of area median income or less.

States must use at least 80% of all funds (or 90% of program funds) for rental housing/renters. IHDA is allowed to use up to 10% of remaining program funds for homeownership assistance. IHDA will use 90% of all funds (100% of all program funds) for rental housing.

There is also an allowance to use up to 10% of all funds for general administration and planning costs. IHDA will use said funds for this purpose, which also include affirmatively furthering fair housing activities.

IHDA will use its Multi-Family "Common Application" as the major application format for NHTF rental housing projects, the same one used for the LIHTC and HOME programs, along with supplemental information required by program rules (see below). IHDA's process will include an initial completeness/eligibility scoring, review of mandatory requirements, underwriting, site and market review, peer review, internal Loan Committee and IHDA Board approval. A separate Request for Proposals (RFP) process will be used if needed to expedite obligation of program funds.

See IHDA's website ([www.ihda.org](http://www.ihda.org)) for additional information. There will be an open application process until all funds are committed.

#### **III. Selection Criteria**

Per CPD Notice 16-07, IHDA establishes the following:

- A. Geographic Diversity

Given the relatively small size of the first-year and anticipated future HTF allocations, IHDA will not establish geographic set-asides, but will strive to achieve maximum geographic diversity in its final funding decisions.

B. Applicant Capacity

As part of IHDA's application process, each proposed project's development and management team will be reviewed to ensure that if the developer/owner has appropriate experience, capacity, and staffing to own, develop, and manage the project if approved for funding. This will include IHDA's past experience with team members, and review of HUD previous participation certificates where applicable. IHDA will also strongly encourage first-time developers to partner with an experienced non-profit or for-profit entity.

C. Project-Based Rental Assistance

IHDA will prioritize all rental projects which have committed or available federal, State, and local project-based rental assistance so that rents are affordable to ELI families. These may include: Section 8 Project-Based (preservation only); Project-Based Vouchers; Rental Housing Support Program; and Section 811 Project-Based Rental Assistance. It will utilize 30% of household income for rents and utilities as its standard.

D. Duration of Affordability Period

Applicants must document the extent to which proposed rents are affordable, especially to ELI households. All projects will be required to establish a minimum 30-year affordability period. This will work well particularly for LIHTC projects (extended use periods). Applicants are encouraged to establish longer affordability periods but must meet this minimum.

E. Priority Housing Needs of the State

These are defined on the State's Comprehensive Planning Act, and include ELI households, low-income seniors, low-income persons with disabilities, and homeless and at-risk homeless persons and families, as well as preservation and live-near-work projects. These are also the same priorities in the State's Five-year Consolidated Plan. Proposed projects must also fall under one of the state's Focus Areas in its annual plan, which are supportive housing, community revitalization, and economic development.

Projects will also be reviewed to evaluate their "readiness to proceed" in starting projects after funding approval, and then evaluating the applicant's ability to obligate funds in a timely manner.

In addition, IHDA will prioritize the following types of projects:

- Permanent supportive housing, especially those creating new units.
- To maximize affordability, projects will be prioritized by which have little or no debt service.
- Assistance to cover the Statewide Referral Network units on LIHTC projects, which are targeted to persons with disabilities or homeless/at-risk AND with household income at 30% AMI or below.
- Public housing/Section 8 project-based conversions under the RAD Program, prioritizing those which are developing/redeveloping new housing units in opportunity areas or community revitalization areas, as defined by IHDA under its LIHTC Program.
- Finally, IHDA will also review how the applicant's project affirmatively furthers fair housing.

F. Leveraging

Projects which are able to commit other non-federal funds as part of their project financing will be given additional consideration- this would include other State-funded and locally funded programs, but not LIHTC, or State or local CDBG or HOME funding. The latter funds can be part of the project's financing, but will not be considered as non-federal funding. Please note that there is no State or local match requirements for NHTF, but IHDA anticipates most NHTF-funded projects will be highly leveraged.

G. Eligible Activities

Eligible Activities under the Illinois NHTF Program will include the following:

- Rental housing development (new construction or acquisition/rehabilitation)  
Eligible project costs included the following:  
Real property acquisition; development hard costs; relocation; demolition; utility connections; site improvements; soft costs, including architectural, engineering costs, developer fees, and AFHMP marketing; refinancing in limited circumstances; paying construction loans; and staff project delivery costs.
- Operating/rental assistance is also an eligible activity, but is limited to a maximum of 33% of any year's State allocation, and must be fully utilized within 5 years of award. Such assistance can also be subsequently renewed, as long as it's within the 30-year affordability period. It is anticipated such assistance would be very limited and in the form of grants. Applicants must also present a long-term plan of utilizing permanent sources of State and federal rental assistance to be given consideration in this area.
- Public housing is only eligible under NHTF if the proposed project is part of HUD's Rental Assistance Demonstration (RAD) program, Choice Neighborhood Initiative Program, or involves the LIHTC Program. Priority will be given to projects creating new units.
- IHDA is not funding homeownership assistance under the program
- Eligible use of funds include: loans (low-interest, no-interest, balloon, forgivable, deferred payment), grants, interest rate subsidies, equity investments, and other State-approved forms of assistance.

H. Eligible Recipients

Eligible recipients include for-profit and non-profit corporations, and governmental entities, including public housing authorities.

I. Performance Goals and Benchmarks

IHDA will utilize the same performance measurements and outcomes criteria that it has used for the HOME Program (Multi-Family). These are included in the State's Five-Year Consolidated Plan – Strategic Plan and annual goals.

J. Maximum Per-Unit Development Subsidy Units

The NHTF Allocation Plan also must include the State's policy on maximum per-unit subsidy, which is to be based on modest housing units with similar amenities and taking into account local market conditions. IHDA will use the same criteria that it uses under its HOME Program, which are HUD's 221(d)(3) limits. These limits will be based on total development cost, and are to be adjusted by geographic area and bedroom size.

K. Rehabilitation Standards

IHDA will use its Architectural Planning and Construction Standards to evaluate all rehabilitation work, which is updated annually. These are also used to evaluate Physical Needs Assessments (PNA's) for rehabilitation projects.

Post-occupancy, IHDA's Asset Management Services Dept. - will review the ongoing project needs with these standards, as well as HUD's Uniform Physical Condition Standards (UPCS), and HUD Housing Quality Standards (HQS) for smaller projects. It's noted that IHDA's standards address health and safety, major systems, accessibility; lead-based paint; and energy efficiency.

L. Resale and Recapture Provisions

Not Applicable; IHDA is not funding any first-time homebuyer assistance activities.

M. Affordable Homeownership Limits

Also Not Applicable; no funds will be used for homebuyer assistance.

N. Limitation on Beneficiaries or Preferences

Under IHDA's LIHTC Program, developers/owners are incentivized to set aside 10-15% of their housing units for supportive housing populations under the Statewide Referral Network (SRN). These are defined as persons with disabilities or homeless/at risk of homelessness AND @ 30% of AMI or below. This set-aside may be triggered if an NHTF project is also allocated LIHTCs as part of its project financing.

O. Refinancing Existing Debt

IHDA anticipates funding primarily new affordable housing development, and it will not give priority to such preservation projects which are primarily refinancing existing debt. If refinancing will only be permitted when:

- i. New investment is being made to create additional affordable units;
- ii. refinancing is necessary to reduce the overall housing cost and to make the housing more affordable, and is proportional to the number of HTF-assisted units in the rental project; and
- iii. the development cost attributable to the HTF units is greater than the amount of debt to be refinanced that is attributable to the HTF units.
- iv. The review of the management practices of the applicant must demonstrate that any proposed rehabilitation is not a result of disinvestment in the property.

## Appendix - Alternate/Local Data Sources

1	<b>Data Source Name</b> 2007-2011 ACS
	<b>List the name of the organization or individual who originated the data set.</b> U.S. Census Bureau
	<b>Provide a brief summary of the data set.</b>
	<b>What was the purpose for developing this data set?</b>
	<b>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</b>
	<b>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</b> REO Properties as of July 2014
	<b>What is the status of the data set (complete, in progress, or planned)?</b>
2	<b>Data Source Name</b> IDPH HIV/AIDS data as of December 2014
	<b>List the name of the organization or individual who originated the data set.</b> Illinois Department of Public Health
	<b>Provide a brief summary of the data set.</b> Suveillance data conducted by the Department
	<b>What was the purpose for developing this data set?</b> To have more timely and accurate data for the State.
	<b>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</b> Data is for State of Illinois HOPWA jurisdictional area (excludes Chicago metro area, and Metro East area).

	<p><b>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</b></p> <p>As of December 2014</p>
	<p><b>What is the status of the data set (complete, in progress, or planned)?</b></p> <p>Complete</p>
<b>3</b>	<p><b>Data Source Name</b></p> <p>2008-2012 ACS</p>
	<p><b>List the name of the organization or individual who originated the data set.</b></p> <p>U.S. Census Bureau</p>
	<p><b>Provide a brief summary of the data set.</b></p>
	<p><b>What was the purpose for developing this data set?</b></p>
	<p><b>How comprehensive is the coverage of this administrative data? Is data collection concentrated in one geographic area or among a certain population?</b></p>
	<p><b>What time period (provide the year, and optionally month, or month and day) is covered by this data set?</b></p>
	<p><b>What is the status of the data set (complete, in progress, or planned)?</b></p> <p>Complete</p>