Date December 7, 2017

To Executive Directors

Public Housing Authorities

From Bill Pluta, Director

Strategic Planning and Reporting (SPAR), IHDA

CC Audra Hamernik, Executive Director, IHDA

Alan Quick, Managing Director, SPAR

Re PHA Housing Authority 5-Year Agency Plans and Annual Plans

Certification of Consistency with the State Consolidated Plan (AS UPDATED)

The Illinois Housing Development Authority’s (IHDA’s) Strategic Planning and Reporting (SPAR) Department/ Office of Housing Coordination Services (OHCS) coordinates development of the HUD-required State Consolidated Plan. This plan also serves as the State’s application for five HUD formula grants: CDBG, HOME, Emergency Solution Grant, HOPWA, and national Housing Trust Fund. As such, SPAR/OHCS also reviews and issues Certifications of Consistency under the Plan for local applications being submitted under a number of HUD programs that are located in Non-Entitlement areas (i.e., proposed projects located in municipalities and counties not receiving Community Development Block Grant (CDBG) Entitlement funds annually). IHDA serves as the certifying agency, and IHDA’s Executive Director is authorized/designated to sign such certifications in behalf of the Governor. Until passage of the Quality Housing and Work Responsibility Act (QHWRA) of 1998, public housing authorities (PHAs) generally were not required to obtain a Certification of Consistency with the State Consolidated Plan as a condition of any HUD funding. Since then, however, PHAs must obtain such a Certification as part of their Annual and 5-Year Agency Plans (which is required by QHWRA) from the appropriate State or local jurisdiction. PHAs located in all other areas are covered by the State Consolidated Plan. Please note that PHAs with jurisdiction both within as well as outside of CDBG Entitlement areas will generally require at least two such certifications (State and local), depending on their coverage area.

HUD Notice PIH 2001-26, issued on August 02, 2001, indicated that a PHA is to utilize the Consolidated Plan as the primary data source for identifying the housing needs of its jurisdiction. As this was also relayed in previous HUD guidance, SPAR/OHCS has also included PHAs in the distribution of the Consolidated Plan and related documents (Action Plan and Annual Performance Report) since 1999. An electronic copy of the most recent 5-Year Consolidated Plan (2015-2019) is posted on IHDA’s website ([www.ihda.org](http://www.ihda.org)) under the “Government” link and “Consolidated Plan.” It is effective from January 1, 2015 to December 31, 2019.

Due to streamlining efforts, HUD has since then provided guidance to PHAs under PIH Notice 2015-18 (HA), which clarified the categories of PHAs and their corresponding PHA Annual Plan and Five-Year Plan submission requirements. All PHAs are required to submit a 5-Year PHA Agency Plan. As with Annual Plans, all 5-Year Plans are due to HUD 75 days prior to the start date of each PHAs Fiscal Year.

PHA Annual Plan submittal requirements, however, are now determined by category. The above notice includes descriptions and template/certification form requirements for each. The categories include the following:

* Standard PHA – Own/manage 250 or more Public Housing (PH) units and any number of vouchers (HCVs) where combined total units exceed 550.
* Troubled PHA – Designated by HUD based on its most recent PHAS or SEMAP assessment.
* High-Performer PHA – Own/manage over 550 combined PH and HCV units and HUD has designated as high performer based on most recent PHAS and SEMAP assessments.
* Small PHA – Own/manage between 1 – 249 PH units and any number of HCVs where combined total exceeds 550 ( If qualified, may also be High-Performer).
* Housing Choice Vouchers (HCV) Only-PHA – Administers more than 550 HCVs and does not own/manage PH.
* Qualified PHAs – Own/Manages 550 or fewer combined PH and HCV units, and not designated as a Troubled PHA in its most recent PHAS or SEMAP assessment.

State Certification of Consistency Requirements

1. A Complete DRAFT PHA Annual or Five-Year Plan (if applicable) should be sent to IHDA. This should be done as soon as the draft document is available, before or at the beginning of the 45-day public display period. Please see **Attachment A** for HUD’s list of required PHA Plan submission requirements by PHA type.

2. Upon receiving the draft document, IHDA will perform a certification review. Please note that this IHDA review does not represent a completeness/eligibility review of your PHA Plan, nor our approval, which can only be provided by HUD. IHDA cannot process its Certification of Consistency, however, until all of the following documents are then submitted to IHDA/SPAR:

a. A copy of the final PHA Plan Annual or Five-Year Plan (as is applicable) - as approved by the PHA Board of Commissioners and as will be submitted to HUD. This must include a cover letter which summarizes any and all significant changes made to the draft PHA Plan, or affirms that there were no significant changes made to the current Agency Plan as a result of the public display period and public hearing(s).

b. Executed and Approved Board of Commissioners Resolution - The Resolution authorizing submission of the Plan(s) to HUD must be fully executed and approved, for IHDA to process the certification. Please note that this can be in the form of a separate Board Resolution, or submitted as part of the fully completed, signed, and dated “PHA Certifications of Compliance” with PHA plans and related regulations (HUD-50077-CRT-SM), along with a resolution number. IHDA must adhere to this requirement in order for the State’s certification to be valid to HUD.

c. Completed **Attachment B** - Required Review Form for Certification of Consistency with the State Consolidated Plan Review. This is attached here for your benefit. It is designed to expedite the review of your plan and the processing of the State certification.

d. Blank Certification Form – (HUD 50077-SL).

e. Local Consolidated Plan Jurisdictions – Please see **Attachment C** to determine if

your PHA requires a local Consolidated Plan Certification of Consistency.

f. Supplemental Information Review Form - IHDA is also requesting supplemental information to assist with improved coordination of planning and funding with the State. (Attachment D). Please note that this information is not required as part of the certification process, but would be much appreciated, as its benefits IHDA’s future program planning.

If you have any questions or comments on the above information requested, please contact

one of the SPAR/OHCS staff persons listed below at your earliest convenience. It remains

our intention to make this process as streamlined and convenient as possible for PHAs.

Here is the updated OHCS contact information:

|  |  |  |  |
| --- | --- | --- | --- |
| Bill Pluta, Director  SPAR  312-836-5354  [wpluta@ihda.org](mailto:wpluta@ihda.org) | Melinda Koenig Assistant Director, SPAR/OHCS  312-836-5328  [mkoenig@ihda.org](mailto:mkoenig@ihda.org) | Pearl Madlock  Senior Housing Coordination Officer, SPAR/OHCS  312-836-5262  [pmadlock@ihda.org](mailto:pmadlock@ihda.org) | Burton Hughes  Senior Housing Coordination Officer, SPAR/OHCS  312-836-5320  [bhughes@ihda.org](mailto:bhughes@ihda.org) |
| OHCS Fax Number: 312/832-2191 | | | |

All correspondence should be sent to the following address:

Illinois Housing Development Authority

Strategic Planning and Reporting

ATTN: Consolidated Plan/PHA Agency Plan

111 East Wacker, Suite 1000

Chicago, Illinois 60601

Prior to submittal to HUD, the entire plan can be sent as a pdf by e-mail to IHDA. If the PHA plan is mailed, allow sufficient time for receipt and review of the plan. Regardless of how the PHA plan is submitted, please follow up with SPAR/OHCS to ensure that it was received. Also, please allow SPAR/OHCS five business days to provide the Certification of Consistency. As IHDA’s Executive Director is signing on behalf of the Governor and is the only authorized signatory for these certifications, we need to ensure that ample time is given for same. Please note that HUD requires submittal of an executed Certification with original signature (not electronic). Also, as multiple PHA plans will be due on the same day based on program year, SPAR/OHCS generally receives several at once. As such, SPAR/OHCS will try but cannot guarantee a quicker turnaround time on certifications, so early submission is strongly encouraged. Please submit this information in a timely manner to IHDA to ensure that your PHA can provide the State’s signed Certification as part of Your Agency Plan submittal to HUD.

In addition, all PHAs are requested to complete the IHDA Supplemental Information Review

Form (**Attachment D**) to provide important information on other aspects of PHA operations/management. This information will be initially used statewide and for local/regional needs assessments and market conditions in the State’s Consolidated Plan, for site and market reviews of IHDA multi-family project applications, and for other State program and outreach initiatives. Please note that this information is not required to obtain a PHA certification, but it would be much appreciated.

Please direct any questions to the SPAR/OHCS staff previously listed. Good luck with the continued development and management of your Agency Plans, your properties, and your programs.

# Attachment A

# ANNUAL PHA AND 5-YEAR PHA PLAN TEMPLATES AND CERTIFICATION SUBMISSION REQUIREMENTS FOR ALL PHA TYPES

The following table identifies the Annual PHA Plan and 5-Year PHA Plan (“PHA Plans”) templates and certifications by PHA Category that PHAs are required to complete and submit to HUD in order to comply with the Annual PHA and 5-Year PHA Plan requirements.

|  |  |
| --- | --- |
| ***PHA Plan Submission Requirements by PHA Type*** | |
| **HUD Form** | **Frequency of Submission** |
| ***All PHAs*** | |
| HUD 50075-5Y | Once every 5 PHA Fiscal Years |
| ***Standard PHAs and Troubled PHAs*** | |
| HUD 50075-ST | Annually |
| HUD 50077-ST-HCV-HP | Annually |
| HUD 50077-SL | Annually |
| RAB Comments | Annually |
| Challenged Elements | Annually |
| ***Small PHAs*** | |
| HUD 50075-SM | Annually |
| HUD 50077-CRT-SM | Annually |
| HUD 50077-SL | Annually |
| RAB Comments | Annually |
| Challenged Elements | Annually |
| ***High Performer PHAs*** | |
| HUD 50075-HP | Annually |
| HUD 50077-ST-HCV-HP | Annually |
| HUD 50077-SL | Annually |
| RAB Comments | Annually |
| Challenged Elements | Annually |
| ***HCV-Only PHAs*** | |
| HUD 50075-HCV | Annually |
| HUD 50077-ST-HCV-HP | Annually |
| HUD 50077-SL | Annually |
| RAB Comments | Annually |
| Challenged Elements | Annually |
| ***Qualified PHAs*** | |
| HUD 50077-CR | Annually |
| HUD 50077-SL | Once every 5 PHA Fiscal Years |

**Attachment B**

**Required Review Form for Certification of Consistency**

**With the State Consolidated Plan Review**

Housing Authority\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HUD #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FY Start Date\_\_\_\_\_\_\_\_\_\_\_

Due Date to HUD\_\_\_\_\_\_\_\_

1. Based on your PHA type, what Annual Plan was used?

\_\_\_\_\_\_\_Standard PHA

\_\_\_\_\_\_\_Troubled PHA

\_\_\_\_\_\_\_Small PHA

\_\_\_\_\_\_\_High-Performer PHA

\_\_\_\_\_\_\_HCV-Only PHA

\_\_\_\_\_\_\_Qualified PHA

(Please attach HUD Template and Certifications forms as required

See Attachment A).

1. If a 5-Year Plan, was that template used? (Please attach if applicable)
2. A. Did your PHA use State Consolidated Plan data in formulating your PHA

Agency Plan?

b. \_\_\_\_\_\_Yes \_\_\_\_\_\_No

B. What data, if any, did you utilize? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Local needs assessment (Please specify) \_\_\_\_\_\_\_\_\_

D. Census data (source other than Consolidated Plan) \_\_\_\_\_\_\_\_\_

E. Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Inventory:

* Number of Public Housing Units\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Non-HUD/Affordable Housing Units\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Number of Housing Choice Vouchers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. If applicable, did your PHA receive a satisfactory PHAS score from HUD for its most

recent assessment of its Public Housing Program?

Yes/No/NA/Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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6. If applicable, did your PHA receive a satisfactory SEMAP score from HUD for its most

recent assessment of its HCV Program? Yes/No/Not Applicable

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7. Is or has your PHA been designated as troubled by HUD? (Please provide date(s), brief summary, and current status.

Yes/No/Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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8. PHA Board Resolution Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attachment C**

**Local Consolidated Plan Communities for FFY 2017 Funding**

Projects located in the following cities and counties require a local Consolidated Plan Certification of Consistency, which should be requested from the city or county in which the project is located, except as noted below (see NOTE). The State (OHCS/IHDA) does not provide Certifications of Consistency for projects located in the following cities and counties.

Cities:

(1) Alton (PE- Madison County Consortium)

(2) Arlington Heights (PE – Cook County

Consortium)

(3) Aurora

(4) Belleville (PE – St. Clair County Consortium)

(5) Berwyn (PE – Cook County Consortium)

(6) Bloomington

(7) Bolingbrook (PE – Will County

Consortium)

(8) Champaign (PE - Urbana Consortium)

(9) Chicago

(10) Chicago Heights (PE - Cook County Consortium)

(11) Cicero (PE - Cook County Consortium)

(12) Danville

(13) Decatur

(14) DeKalb

(15) Des Plaines (PE - Cook County Consortium)

(16) Downers Grove (PE- DuPage County

Consortium)

(17) East St. Louis (PE – St. Clair County

Consortium)

(18) Elgin (PE – Kane County Consortium)

(19) Evanston

(20) Granite City (PE- Madison County Consortium)

(21) Hoffman Estates (PE – Cook County

Consortium)

(22) Joliet (PE – Will County Consortium)

(23) Kankakee

(24) Moline

(25) Mount Prospect (PE - Cook County Consortium)

(26) Naperville (PE - DuPage County Consortium)

(27) Normal

(28) North Chicago (PE - Lake County Consortium)

(29) Oak Lawn (PE - Cook County Consortium)

(30) Oak Park (PE - Cook County Consortium)

(31) Palatine (PE - Cook County Consortium)

(32) Pekin

(33) Peoria

(34) Rantoul

(35) Rock Island

(36) Rockford

(37) Schaumburg (PE - Cook County

Consortium)

(38) Skokie

(39) Springfield

(40) Urbana (LE)

(41) Waukegan (PE – Lake County Consortium)

(42) Wheaton (PE- DuPage County Consortium)

Counties:

(43) Cook County (LE)

(44) Champaign County (PE – Urbana

Consortium)

(45) DuPage County (LE)

(46) Kane County (LE)

(47) Lake County (LE)

(48) Madison County (LE)

(49) McHenry County

(50) St. Clair County (LE)

(51) Will County (LE)

PE = Participating Entity in a HOME Consortium LE = Lead Entity of a HOME Consortium

NOTE: A Certification of Consistency for “participating entities” of a HOME Consortium should be obtained from the lead entity. The lead entity for each participating entity is noted beside each participating entity. For lead entity contact information, contact Burton Hughes at 312/836-5320 or Pearl Madlock at 312/836-5262.

**Attachment D**

**IHDA Supplemental Information Review Form for PHA Agency Plans**

**for Certification of Consistency with the State Consolidated Plan**

Housing Authority: HUD # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Draft/Final-\_\_\_\_\_\_\_\_

FYB- \_\_\_\_\_\_\_\_\_

Due Date to HUD: \_\_\_\_\_\_\_\_

1. **Waiting List Information:**

Section 8 Tenant-Based Assistance/Housing Choice Vouchers\_\_\_\_\_\_\_

Combined Section 8 and Public Housing\_\_\_\_\_\_

Public Housing\_\_\_\_\_\_\_\_

Public Housing Site-Based or Agency- wide\_\_\_\_\_\_\_\_\_\_\_\_\_

# of Families – Section8/Housing Choice Vouchers\_\_\_\_\_\_\_\_\_\_\_

# of Families –-PH\_\_\_\_\_\_\_\_\_

**#** of Elderly – Section 8/Housing Choice Vouchers\_\_\_\_\_\_\_\_\_\_\_\_

# of Elderly – PH\_\_\_\_\_\_\_\_\_\_

# of Persons with Disabilities: Section 8 Housing/Choice Vouchers\_\_\_\_\_\_\_\_\_\_

# of Persons with Disabilities: PH\_\_\_\_\_\_\_\_\_

Waiting List Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Is waiting list open\_\_\_\_\_\_ closed\_\_\_\_\_\_\_\_

If closed, on what date: \_\_\_\_\_\_\_\_\_\_\_\_

**2.** **Occupancy Information:**

\_\_\_# of Public Housing Units available for occupancy

\_\_\_# of HCVs available for usage/lease-up

**3. Project-Based Vouchers (PBVs):**

A. Does your PHA utilize PBVs in its HVC Programs?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_

B. If so, please list each property and # of units @ each

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. Local Preferences:**

Please state/describe any local preferences established by your PHA under its Public Housing and/or Housing Choice Voucher Programs\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**5.** **Accessible Housing:** Please indicate number of any and all units by property and bedroom size which meet federal accessible housing standards, per Section 504/ADA/FHAA: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**6. Other Financing:**

(A) Does the PHA indicate that it plans to apply for any IHDA, State-administered or non-HUD funding or assistance, including Low Income Housing Tax Credits (LIHTC)?

Yes No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(B) If yes, please note those programs here:

|  |  |
| --- | --- |
| **IHDA Programs** | **Other Resources (Non-IHDA)** |
| LIHTC:\_\_\_\_\_\_\_\_\_\_ | HUD/RAD:\_\_\_\_\_\_\_\_\_\_ |
| Illinois Affordable Housing Trust Fund:\_\_\_\_\_\_ | USDA-RD/ Section 515/RRA/\_\_\_\_\_\_ |
| HOME:\_\_\_\_\_\_\_\_\_\_\_\_ | FHLB/(AHP):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IAHTC:\_\_\_\_\_\_\_\_\_\_\_\_\_ | Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Risk Sharing:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| National Housing Trust Fund:\_\_\_\_\_\_ |  |
| Other (Specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

(C) Does your PHA have any interest in HOME/CHDO designation?

Yes\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(D) Has your PHA applied for or received planning or implementation funding under HUD’s Choice Neighborhoods Initiative Program.

Yes No\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**7.** (A) Does your PHA have an application for a Rental Assistance Demonstration (RAD)

program in process, planned, submitted, approved, or under development?

Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

(B) If so, which properties are involved & number of units?

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(C) Please also provide specifics on all RAD rehab, new construction, new location, et al

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(D) Is your PHA using Project-Based Rental Assistance (PBRA) or Project-Based

Vouchers (PBVs) for its RAD Program?

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**8.** Will your PHA be engaging in other mixed-finance activities?

Yes\_\_\_\_ No\_\_\_\_\_ Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**9. Public Housing (Demolition/Disposition) Information:**

1. Application status\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Applicable\_\_\_\_\_\_\_\_\_\_\_\_
2. Name of PH properties and the total number of units/buildings for each: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Are there plans for one-for-one replacement? Yes\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_
2. If Yes to B, howmany units/buildings? \_\_\_\_\_\_\_\_\_\_\_\_\_

E. Timetable for Demolition/Disposition: \_\_\_\_\_\_\_\_\_\_

**10.** Does your PHA have an active non-profit affiliate established?

Yes\_\_\_\_ No\_\_\_\_ Name (If applicable ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are its current activities (eg., development, property management, etc)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**11.** A. What type of HUD-required Assessment of Fair Housing (AFH) will your PHA

be involved in?

\_\_\_\_\_\_Independent (PHA Only)

\_\_\_\_\_\_Collaborative

B. If Collaborative, please indicate type and potential partners

\_\_\_\_\_\_With State (IHDA)

\_\_\_\_\_\_City or County (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_Regional (ID Partner)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_ (Name)

\_\_\_\_\_\_Other (Explain)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. Which governmental entity will serve as the lead agency?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_