

**Special Assets/Risk Management Request**

Bruce Rauner, Governor

|   |                       |                                   |                  |
|---|-----------------------|-----------------------------------|------------------|
| <b>Project Name:</b>  |                       |                                   |                  |
| <b>Project Loan Number:</b>   |                       | <b>Project Tax Credit Number:</b> |                  |
| <b>Project Address:</b>   | <b>City:</b>          | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Legal Name of Current Owner or Ownership entity:</b>   |                       |                                   |                  |
| <b>Legal Name of Project Owner or Ownership entity (if different):</b>                          |                       |                                   |                  |
| <b>Contact Person:</b>  | <b>Contact Phone:</b> | <b>Contact Email:</b>             |                  |
| <b>Contact Address:</b>   | <b>City:</b>          | <b>State:</b>                     | <b>Zip Code:</b> |
| <b>Type of Request (Check all that apply)</b>   |                       |                                   |                  |
| Change in Ownership Interest  |                       | Loan Subordination                |                  |
| Assignment & Assumption of EUA/Regulatory Agreements  |                       | Loan Modification                 |                  |
| LP/GP Change  |                       | Pre-Payment                       |                  |
| Property Management Change  |                       | Loan Payoff                       |                  |
| Transfer of Physical Assets   |                       | Other                             |                  |
| Please provide a detailed explanation summarizing the purpose of your request in the box below: |                       |                                   |                  |
|   |                       |                                   |                  |

Once the Authority determines the consent requirements, there will be a non-refundable processing fee due for the request. The Authority estimates processing to begin no later than 5 days after receipt of the request. Submission of this request does not guarantee approval or agreement to the requested terms. If you have any questions, please contact Lauren Pilot at 312-836-8578 or email [lpilot@ihda.org](mailto:lpilot@ihda.org).

I certify to the best of my knowledge that the information contained in this application is complete and accurate.

Owner: \_\_\_\_\_ Printed Name: \_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

Date: \_\_\_\_\_