



**TRUST FUND  
SINGLE FAMILY REHAB (SFR) AND  
HOME ACCESSIBILITY PROGRAM (HAP)  
FORMS AND POLICY UPDATES  
REFRESHER WEBINAR**

*Community Affairs  
March 23, 2018*



## Agenda

- Introduction
- Where to locate new fillable forms
- What do we need and when do we need it
- Successful submissions
- Important updates to construction documentation
- Eligible costs
- Program impact
- Additional resources/FAQ's
- Spending your money



## Why have we implemented changes?

- Transparency
- Trackable
- Telling our story clearly



# Where to locate new forms

## Revitalization And Repair Programs

IHDA understands that investing in homes and communities across the state is an effective way to combat the ongoing effects of the housing crisis and assist with revitalization efforts. We work with local governments and non-profit organizations to offer programs that address vacant residential properties and the blight that usually follows to benefit communities. We also fund programs that allow homeowners to make necessary repairs and accessibility improvements, allowing residents stay in their homes while improving the quality of single-family housing and helping to create vibrancy in neighborhoods throughout Illinois.



[Abandoned Property Program \(APP\) And Blight Reduction Program \(BRP\)](#)

[Land Bank Capacity Program \(LBCP\) and Technical Assistance Network \(TA Network\)](#)

[Home Accessibility Program \(HAP\)](#)

[Single Family Rehabilitation \(SFR\)](#)

Funded by the Illinois Affordable Housing Trust Fund, SFR provides funding to units of local government and non-profit organizations throughout the State to help homeowners make necessary repairs to their homes.

IHDA does not directly fund homeowners. If you are a homeowner looking for rehabilitation funds, [CLICK HERE](#) for a listing of funded organizations that you may contact. You may also [contact a housing counselor](#) to help you understand what options are available to you.

For more information contact our Community Affairs Department at [TFSFRinfo@ihda.org](mailto:TFSFRinfo@ihda.org).

### — Single Family Rehabilitation Documents

- [Program Rules](#)
- [SFR Frequently Asked Questions](#)
- [2017 Income Limits](#)
- [Participant Selection Plan \(PSP\)](#)
- [IHDA Property Standards](#)
- [Income Calculator](#)
- [SFR Program Manual](#)
- [SFR MITAS Reservation Manual and Document Uploading Guide](#)
- [Appendix A-Guidance & Samples](#)
- [Appendix B-Checklists](#)
- [Appendix C-Application Info & Forms](#)
- [Appendix D-Environmental & SHPO](#)
- [Appendix E-Accessibility Documents](#)
- [Appendix F-Contractor Forms](#)
- [Appendix G-Summary & Payout Forms](#)
- [Appendix H-MITAS Forms](#)



# Revitalization And Repair Programs

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**HOUSING VALUES** surrounding empty lots turned into gardens, parks or other green amenities rise by as much as **30%**

[Abandoned Property Program \(APP\) And Blight Reduction Program \(BRP\)](#)

[Land Bank Capacity Program \(LBCP\) and Technical Assistance Network \(TA Network\)](#)

[Home Accessibility Program \(HAP\)](#)

Funded by the Illinois Affordable Housing Trust Fund, HAP provides funding to units of local government and non-profit organizations throughout the State to provide home accessibility grants to their local constituency. These grants help people stay in their homes and prevent premature or unnecessary institutionalization of the elderly and people with disabilities.

IHDA does not directly fund homeowners. If you are a homeowner looking for repair funds, [CLICK HERE](#) for a listing of funded organizations that you may contact.

For more information contact our Community Affairs Department at [TFHAPInfo@ihda.org](mailto:TFHAPInfo@ihda.org).

— **Home Accessibility Program Documents**

- [Program Rules](#)
- [HAP Frequently Asked Questions](#)
- [2017 Income Limits](#)
- [Participant Selection Plan \(PSP\)](#)
- [IHDA Property Standards](#)
- [Income Calculator](#)
- [HAP Program Manual](#)
- [HAP Reservation Manual and Document Uploading Guide](#)
- [Appendix A-Guidance & Samples](#)
- [Appendix B-Checklists](#)



## Make Sure You Are Using the Newest Forms

- Program Rules
- Frequently Asked Questions
- 2017 Income Limits
- Participant Selection Plan (PSP)
- IHDA Property Standards
- Income Calculator
- Program Manual
- MITAS Reservation Manual and Document Uploading Guide
- Appendix A-Guidance & Samples
- Appendix B-Checklists\*
- Appendix C–Application Info & Forms
- Appendix D–Environmental & SHPO
- Appendix E–Accessibility Documents
- Appendix F–Contractor Forms\*
- Appendix G–Summary & Payout Forms\*
- Appendix H–MITAS Manual and Forms
- Fillable Note and Mortgage\*
- Assistance Impact Letter\*

*\*use today!*



# Successful Submissions

- Pre-Approvals
- Reimbursement Requests



# What do we need and when do we need it

- We have made changes to our checklists to show what we need and when we need it.
- Follow the checklists! And be sure to upload documents in the order of the checklists.
- Please upload all documents into MITAS as one pdf document and not individual uploads as previously requested.



## Pre-Approval Checklists

Mitas Commitment #: \_\_\_\_\_

### TRUST FUND SINGLE FAMILY REHABILITATION PROGRAM PRE-APPROVAL CHECKLIST

Grantee: \_\_\_\_\_ STF#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_, Illinois Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Requested Loan Amount: \$ \_\_\_\_\_

*Attached are the following documents:*

- MITAS Commitment Confirmation
- Scope of Work Narrative (on your agency's letterhead)
- Income Calculator (signed by grantee and applicant)
- Bid Tabulation
- Cost Estimate (lists price, materials and specifications of items replaced)
- Copy of State Historic Preservation Office Approval Letter
- FIRMette
- Mine Proximity Map
- Copy of Homeowner's Insurance (listing IHDA as additional insured—include flood and mine subsidence coverage, if applicable)
- Pictures of work to be completed (before rehabilitation)

*IHDA will notify grantee upon acceptance of pre-approval package.*

Comments:

Mitas Commitment #: \_\_\_\_\_

### TRUST FUND HOME ACCESSIBILITY PROGRAM PRE-APPROVAL CHECKLIST

Grantee: \_\_\_\_\_ STF#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Owner-Occupied  Rental-Occupied

Name of Homeowner/Landlord: \_\_\_\_\_

Name of Applicant/Tenant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_, Illinois Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Requested Loan Amount: \$ \_\_\_\_\_

*Attached are the following documents:*

- MITAS Commitment Confirmation
- Scope of Work Narrative (on your agency's letterhead)
- Referral Letter from IDoA or DHS funded agency**
- Income Calculator (signed by grantee and applicant)
- Bid Tabulation
- Cost Estimate (lists price, materials and specifications of items replaced)
- Copy of State Historic Preservation Officer Approval Letter
- FIRMette
- Mine Proximity Map
- Copy of Homeowner's Insurance (listing IHDA as additional insured—include flood and mine subsidence coverage, if applicable)
- Pictures of work to be completed (before rehabilitation)

*IHDA will notify grantee upon acceptance of pre-approval package.*

Comments:



## SFR Reimbursement Checklists

  
ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY

Mitas Commitment #: \_\_\_\_\_

**TRUST FUND SINGLE FAMILY REHABILITATION PROGRAM  
(PARTIAL) PAYOUT REQUEST CHECKLIST**

Grantee: \_\_\_\_\_ STF#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_, Illinois Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Partial Payout Amount: \$ \_\_\_\_\_ (Hard and Soft Costs)


Remaining Amount for this Project: \$ \_\_\_\_\_ (Final Amount Not to exceed \$45,000—including Hard Costs, Soft Costs & Project Delivery)

*Attached are the following documents:*

- Request for Payment & Certification Form
- Payout Request Summary
- Scope of Work Narrative (if different from previous submission)
- Project Delivery Worksheet
- Soft Cost Invoices (back-up documentation)
- Contractor Payment Request
- Contractor's Sworn Statement
- Change Order(s)
- Contractor's Partial Lien Waiver (including material lien waivers)
- Pictures of Completed Work

**Allow 2-3 business days from date of receipt for reimbursement.**

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

  
ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY

Mitas Commitment #: \_\_\_\_\_

**TRUST FUND SINGLE FAMILY REHABILITATION PROGRAM  
(FINAL) PAYOUT REQUEST CHECKLIST**

Grantee: \_\_\_\_\_ STF#: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of Applicant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_, Illinois Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Amount of This Final Payout: \_\_\_\_\_ Date Work Completed: \_\_\_\_\_

Note/Mortgage Amount: \$ \_\_\_\_\_ (includes ONLY Hard Costs)

Total Payout Amount for This Project: \$ \_\_\_\_\_ (Not to exceed \$45,000—Hard Costs, Soft Costs & Project Delivery)

*Attached are the following documents:*


- Request for Payment & Certification Form
- Payout Request Summary
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- Contractor Payment Request
- Contractor's Sworn Statement
- Change Order(s)
- Contractors Final Lien Waivers (including material lien waivers)
- Project Completion Certificate
- Assistance Impact Letter
- IHDA Promissory Note (reflecting Hard Costs Only)
- IHDA Mortgage (reflecting Hard Costs Only)
- Pictures of Completed Work

**Allow 2-3 business days from date of receipt for reimbursement.**

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



## HAP Reimbursement Checklists

  
ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY

Mitas Commitment #: \_\_\_\_\_

**TRUST FUND HOME ACCESSIBILITY PROGRAM  
(PARTIAL) PAYOUT REQUEST CHECKLIST**

Grantee: \_\_\_\_\_ STF#- \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Owner-Occupied  Rental-Occupied

Name of Homeowner/Landlord: \_\_\_\_\_

Name of Applicant/Tenant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_, Illinois Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Partial Payout Amount: \$ \_\_\_\_\_ (Hard and Soft Costs)


Remaining Amount for This Project: \$ \_\_\_\_\_ (Hard Costs, Soft Costs, Project Delivery)  
(Final amount not to exceed \$25,000 (cook/collar counties), \$15,000 (all other counties))

*Attached are the following documents:*

- Request for Payment & Certification Form
- Payout Request Summary
- Scope of Work Narrative (if different from previous submission)
- Project Delivery Worksheet
- Soft Cost Invoices (back-up documentation)
- Contractor Payment Request
- Contractor's Sworn Statement
- Change Order(s)
- Contractor's Partial Lien Waiver (including material lien waivers)
- Pictures of Completed Work

*Allow 2-3 business days from date of receipt for reimbursement.*

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

  
ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY

Mitas Commitment #: \_\_\_\_\_

**TRUST FUND HOME ACCESSIBILITY PROGRAM  
(FINAL) PAYOUT REQUEST CHECKLIST**

Grantee: \_\_\_\_\_ STF#- \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Owner-Occupied  Rental-Occupied

Name of Homeowner/Landlord: \_\_\_\_\_

Name of Applicant/Tenant: \_\_\_\_\_

Property Address: \_\_\_\_\_

City: \_\_\_\_\_, Illinois Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Amount of This Final Payout: \_\_\_\_\_ Date Work Completed: \_\_\_\_\_

Note/Mortgage Amount: \$ \_\_\_\_\_ (includes ONLY Hard Costs)

Total Payout Amount for This Project: \$ \_\_\_\_\_ (Hard Costs, Soft Costs, Project Delivery)  
(Not to exceed \$25,000 (cook/collar counties), \$15,000 (all other counties))

*Attached are the following documents:*

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- Contractors Final Lien Waivers (including material lien waivers)
- Project Completion Certificate
- Assistance Impact Letter
- IHDA Promissory Note (reflecting Hard Costs Only)
- IHDA Mortgage (reflecting Hard Costs Only)
- Pictures of Completed Work

*Allow 2-3 business days from date of receipt for reimbursement.*

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



# INCOME CALCULATOR



# Important Updates to Construction Documentation



## **STEP 1: Construction documentation at pre-approval stage**

Construction documentation includes your narrative, cost estimate, and with before pictures.

- Is your cost estimate accurate and feasible?
- Are your costs reasonable?
- Do you have pictures illustrating what needs to be done?



## **STEP 2: Construction documentation - partial**

- Sworn statement must detail work that has been completed and will be paid for.
- Pictures must document work that is being paid for.
- Construction documentation package must include Contractor Payment Request Form, Sworn Statement, Lien Waiver.



# **TROUBLE SHOOTING THE SWORN STATEMENT**





## **STEP 3: Final Construction Payout**

Final payouts- include details of final completed work on sworn statement, pictures, and final lien waivers from all contractors and subs.

Documentation will include:

- Contractor Payment Request Form
- Final Sworn Statement
- Final Lien Waivers including: lien waivers from subcontractors IHDA's Completion Certificate Form (revised) and pictures of work completed



ILLINOIS H  
DEVELOPMENT

FINAL WAIVER OF LIEN						SECTI ON
TO WHOM IT MAY CONCERN:					Escrow or file #: _____	1.
WHEREAS the undersigned has been employed by _____						2.
To furnish _____						3.
for the premises known as _____						4.
of which _____ is the owner.						5.
THE undersigned, for and in consideration _____						6.
(\$ _____) Dollars, and other good and valuable considerations, the receipt						7.
whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim or right of lien under the Statutes of the State						8.
of Illinois, relating to Mechanic's liens, on the above described premises and improvements thereon, and on the monies or other						9.
considerations due or to become due from the owner, on account of labor or services, material, fixtures or apparatus heretofore furnished						
or which may be furnished at any time hereafter by the undersigned for the above described premises.						
Signed this ____ day of _____, _____.						
Signed _____						
*NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, and title of officer						
signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate						
himself as partner.						
CONTRACTOR'S AFFIDAVIT						SECTI ON
STATE OF ILLINOIS						
COUNTY OF _____						
TO WHOM IT MAY CONCERN:						
THE undersigned, being duly sworn, deposes and says that he is _____						
_____ of the _____						
who is the contractor for the _____ work on the						
building located at _____						
owned by _____ That						
the total amount of the contract including extras is \$ _____ on which he has received payment of						
\$ _____ prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that						
there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have						
furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for						
material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all						
labor and material required to complete said work according to plans and specifications.						
NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE	
<b>TOTAL LABOR AND MATERIAL TO COMPLETE</b>						
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material,						
labor or other work of any kind done or to be done upon or in connection with said work other than above stated.						
Signed this ____ day of _____, _____.						
Signed _____						
Subscribed and sworn to before me this ____ day of _____, _____.						
Signed _____						



# Eligible Costs

- Hard costs
- Soft costs
- Project delivery costs
- Administrative costs



## **Eligible Hard Costs**

- Contractor costs of rehabilitation of property

## **Eligible Soft Costs**

- Title search
- Recording of documents
- Termite inspection/treatment
- Lead wipes, testing
- Homeowner's insurance cost of 1 year, if needed
- Possible allowance for relocation costs (if absolutely necessary)-  
contact IHDA



## Eligible Project Delivery Costs

- Trackable employee time and wages for specific tasks associated with funded project.
- Costs for overhead or allocated materials, postage, copies, audits or similar costs are considered administrative and should be paid for out of the grantee's administrative budget.





## Fillable Notes and Mortgages

- Customize relevant information
- Scan and save documents
- Record Mortgage only
- Send original Note and recorded Mortgage to TF staff



STF-\_\_\_\_\_

### HOMEOWNER PROMISSORY NOTE

U.S. \$ \_\_\_\_\_, 201\_

**FOR VALUE RECEIVED**, the undersigned ("Borrower") promise(s) to pay to the order of the **Illinois Housing Development Authority**, a body politic and corporate of the State of Illinois ("Noteholder"), the principal sum of \_\_\_\_\_ and \_\_\_\_\_/100 Dollars (\$\_\_\_\_\_) bearing no interest. This Homeowner Promissory Note (this "Note") shall (i) have a term of five (5) years ("Term"), and (ii) be forgiven at the rate of one-sixtieth (1/60<sup>th</sup>) of the amount of this Note at the end of each month throughout the Term. The unforgiven, outstanding amount of this Note shall be payable in full upon the earlier of (w) the sale or transfer of the residence, other than by inheritance to a co-owner of the residence or by operation of law upon the death of a joint tenant owner or to a spouse as a result of a divorce of co-owners or (x) the Home is no longer the principal residence of the Household, (y) a refinancing of the residence resulting in the Borrower being allowed to receive a cash payment, or (z) in the event of a refinancing of the Property that is not a Permitted Refinancing as defined herein.

A "Permitted Refinancing" shall mean a refinancing that lowers the interest rate of the first mortgage loan on the Property, decreases its term or lowers the monthly payment of the loan; it does not include a refinancing that increases the outstanding balance of the first mortgage loan, increases the interest rate on the loan or allows the Borrower to receive money as a result of the refinancing. Any Permitted Refinancing must be approved by the Lender, in writing, in advance.

Any payments made under this Note are to be made at the Illinois Affordable Housing Trust Fund, P.O. Box 21412, Chicago, Illinois 60673, or such other place as the Noteholder may designate.

If suit is brought to collect the sums due under this Note, the Noteholder shall be entitled to collect all reasonable costs and expenses of suit, including, but not limited to, reasonable attorneys' fees.

Presentment, notice of dishonor and protest are waived by all makers, sureties, guarantors and endorsers of this Note. This Note shall be the joint and several obligation of all makers, sureties, guarantors and endorsers, and shall be binding upon them and their successors and assigns.

Any notice to Borrower provided for in this Note shall be given by mailing such notice by certified mail, return receipt requested addressed to Borrower at the property address stated below, or to such other address as Borrower may designate by notice to the Noteholder. Any notice to Noteholder shall be given by mailing such notice by certified mail, return receipt requested, to:

This Mortgage was prepared by and after recording return to:

Community Affairs Department  
Illinois Housing Development Authority  
111 East Wacker Drive, Suite 1000  
Chicago, Illinois 60601

Property Identification No.:

Property Address:

\_\_\_\_\_, IL

FIRST  HOMEOWNER MORTGAGE

STF-\_\_\_\_\_

This FIRST  HOMEOWNER MORTGAGE (this "Mortgage") is made this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by \_\_\_\_\_ ("Borrower"), to the **Illinois Housing Development Authority**, a body politic and corporate of the State of Illinois ("Lender").

**WHEREAS**, Borrower is indebted to Lender in the principal sum of \_\_\_\_\_ and \_\_\_\_\_/100 Dollars (\$\_\_\_\_\_) (the "Loan"), which indebtedness is evidenced by Borrower's homeowner promissory note of even date herewith (the "Note");

**TO SECURE** to Lender (a) the repayment of the indebtedness evidenced by the Note, the payment of all other sums advanced in accordance with this Mortgage to protect the security of this Mortgage, and the performance of the agreements of Borrower contained in this Mortgage; and (b) the repayment of any future advances made to Borrower by Lender pursuant to **Paragraph 6** ("Future Advances"), Borrower **MORTGAGES** to Lender the real estate legally described on **Exhibit A** attached to and made a part of this Mortgage, and located in the County of \_\_\_\_\_, State of Illinois (the "Real Estate");



# Program Impact



### Single Family Rehabilitation Program - Assistance Impact Letter

Date: \_\_\_\_\_  
Borrower(s): \_\_\_\_\_  
Property Address: \_\_\_\_\_

The Illinois Housing Development Authority's (IHDA) Single Family Rehabilitation Program helps homeowners improve their properties by making overdue repairs that address health and safety issues.

In your own words, please explain how the program and its assistance has benefited you:

#### IHDA Opt-In

Thank you for your statement.  
Will you please allow us to share your story so  
that other homeowners like yourself might  
benefit from the program?

- Yes, please share my story without  
using my name.
- Yes, please share my story with my  
name.
- No, I prefer not to have my positive  
experience shared.

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Homeowner E-Mail

\_\_\_\_\_  
Homeowner Phone Number



# Additional Resources



## Additional Resources

IHDA's website contains additional guides, FAQs, and presentations for your reference. Navigate to the following website:

→ <https://www.IHDA.org>

→ My Community

→ Revitalization and Repair Programs

→ Home Accessibility Program (HAP)  
And Single Family Rehabilitation  
Program (SFR)

English (312) 856-5200 Contact Us

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

MY HOME MY COMMUNITY DEVELOPERS LENDERS & REALTORS ABOUT IHDA

Revitalization And Repair Programs

Foreclosure Programs

FAQs

### Revitalization And Repair Programs

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ILLINOIS HOUSING DEVELOPMENT AUTHORITY

00:30 00:33

— Single Family Rehabilitation Documents

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## FAQs

We have updated the FAQ for HAP and SFR with information regarding acceptable forms of ownership, record keeping requirements, and IHDA's Relocation Policy for lead work. IHDA has established limits to our contribution for relocation costs, so please contact us for further details.

Revitalization And Repair Programs

Foreclosure Programs

FAQs

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Home Accessibility Program (HAP)

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FAQs

## FAQs

Abandoned Property Program (APP) FAQs

Blight Reduction Program (BRP) FAQs

Housing Accessibility Program (HAP) FAQs

Single Family Rehabilitation (SFR) Program FAQs



# QUESTIONS?



## CONTACT INFORMATION

[SFRinfo@ihda.org](mailto:SFRinfo@ihda.org)

[HAPinfo@ihda.org](mailto:HAPinfo@ihda.org)

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