



# Illinois Affordable Housing Trust Fund Participant Selection Plan

**ILLINOIS AFFORDABLE HOUSING TRUST FUND  
PARTICIPANT SELECTION PLAN**

\_\_\_\_\_  
(the "Program")

\_\_\_\_\_, Illinois

\_\_\_\_\_  
(the "Administrator")

**I. INTRODUCTION**

This Participant Selection Plan (the "Plan") outlines the procedures which will be followed in selecting participants for the Program. This Plan will be implemented by the Administrator. This Plan will only be utilized during the initial marketing of the units.

**II. MARKETING EFFORTS**

In order to compile a list of interested participants, the Administrator will undertake marketing efforts aimed at creating an awareness of the Program for the general public and various community groups. These marketing efforts can include, but are not limited to, promotional brochures, newspaper advertising, billboards, mass mailings, public relations, radio advertising, and television advertising. The Outline for Marketing Program (Exhibit 1), attached to this Plan, indicates the specific mediums and community contacts to be used in marketing the Program. Exhibit 1 must be attached to the approved Plan.

The Administrator will not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap. In addition, the Administrator will not discriminate on the basis of disabled status in the admission or access to, or treatment or employment in its federally assisted programs and activities.

**III. UNITS**

The Program will offer \_\_\_\_ units. The number of units reserved for low and very low-income households is as follows:

\_\_\_\_\_ Low-income units (80% AMI)

\_\_\_\_\_ Very low-income units (50% AMI)

#### **IV. ESTABLISHING AN INTERESTED PARTICIPANT LIST**

The Interested Participant List (the "List") is a list of all those persons who have responded to the above marketing efforts and have expressed an interest in participating in the Program. The List will include the name, address, telephone number, and TDD number (if applicable) of all persons responding to these marketing efforts. The names of all interested participants will be placed on the List in the order in which they are received. Participants may place their names on the List by either telephoning or coming to the Administrator's office. At the time of being placed on the List, the Interested Participant must complete a Pre-Application Form (Exhibit 2).

This form will be numbered according to the time and date which it was received, thereby providing both the Administrator and Participant with reasonable assurances concerning the fairness of the first-come-first-served approach to the List.

If a different approach than that described above is to be utilized in prioritizing participants for the Program, this approach will be outlined below.

#### **V. SCHEDULING INTERVIEWS**

When funds become available, an interview will be scheduled with the applicant who has first priority on the List. Applicants will be contacted through the following process: the Administrator will telephone the selected applicant at least three (3) times during the next 48-hour period. If the applicant cannot be reached by telephone, a certified letter will be sent to the applicant requesting a date and time for an interview. If the Administrator's staff does not receive a response to the certified letter within ten (10) business days from the date the letter was mailed, the applicant will forfeit their opportunity to participate in the Program. The Administrator's staff will attempt to contact the next applicant on the List. If an applicant is contacted and refuses to participate in the Program, their name will be removed from the List. If an applicant fails to attend a scheduled interview and is subsequently unreachable by telephone or unable to provide an adequate explanation concerning their absence, their name will be removed from the List. In all cases where the applicant's name is removed from the List, the Administrator's staff will notify the applicant in writing of the reason for their name being removed from the List.

#### **VI. THE INTERVIEW PROCESS**

During each interview, a written application will be taken. The application will provide the Administrator's staff with sufficient information to obtain a credit check and to determine the applicant's apparent eligibility for the Program. In addition, each applicant must provide the following: 1) a verification of income completed by their employer; 2) Certification of Income (Exhibit 3); and 3) documentation of income as described in Exhibit 4.

**VII. ELIGIBILITY REQUIREMENTS**

The annual income of the applicant must be less than or equal to the limits established by the U.S. Department of Housing and Urban Development for the appropriate household size. These limits may be revised from time to time by IHDA (see Income Limits posted at <https://www.ihda.org/my-community/revitalization-programs/> ).

**VIII. SELECTION AND REJECTION CRITERIA**

The fact that an applicant meets the eligibility requirements of Section VII does not mean the applicant will be a suitable participant for the Program. The ability of the applicant to fulfill their obligations, along with any related explanations offered by the applicant concerning the facts involved, including changes in circumstances, will be considered. Some of the considerations which may disqualify applicants for the Program include homeownership viability, impending liens, credit or financial standing, or insufficient or inaccurate information on the application. Criteria utilized will be consistent for all applicants. Each rejected applicant will be promptly notified in writing of the reason(s) for rejection.

**IX. DOCUMENTATION**

The Administrator will document every step of the participant selection process. This documentation will include, but not be limited to, copies of the following correspondence:

- a. Exhibit 1: Outline for Marketing Program
- b. Exhibit 2: Pre-application Form
- c. Exhibit 3: Certification of Income
- d. Exhibit 4: Documentation of Income

**X. AMENDING THE PARTICIPANT SELECTION PLAN**

This Participant Selection Plan may be amended only with the prior written approval of the Illinois Housing Development Authority.

Submitted by: Administrator \_\_\_\_\_  
(print)

Administrator \_\_\_\_\_ Date \_\_\_\_\_  
(signature)

Approved by: \_\_\_\_\_ Date \_\_\_\_\_  
Illinois Housing Development Authority

**Exhibit 1**

**PARTICIPANT SELECTION PLAN  
Outline for Marketing Program**

**A. COMMERCIAL MEDIA**

Indicate the media types to be used in advertising the availability of the Program:

- Newspapers/Publications      Radio      T.V.
- Mass Mailings      Brochures      Public Relations
- Other (specify)

Names of newspapers, radio, or television stations size and duration of advertising:

**B. COMMUNITY CONTACTS**

If the Administrator chooses to contact community groups as part of its marketing program, then the following information pertaining to each group is required (please use additional sheets, if necessary):

1. Name of Group/Organization
2. City, State, Zip Code
3. Contact Person
4. Telephone Number
5. Approximate Date of Contact

#	Name of Group/Organization	City, State, Zip Code	Contact Person	Telephone Number	Approximate Date of Contact
1					
2					
3					
4					

**Exhibit 2**

**PARTICIPANT SELECTION PLAN**

**Pre-Application Form**

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

Time Received: \_\_\_\_\_

Name (Head of Household): \_\_\_\_\_

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

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Annual Household Income: \$ \_\_\_\_\_

Family Size: \_\_\_\_\_

Exhibit 3

**PARTICIPANT SELECTION PLAN  
Certification of Income**

Program Name: \_\_\_\_\_

Program Address: \_\_\_\_\_, Illinois

Buyer: \_\_\_\_\_

Address of Property to be Purchased: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

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

**The undersigned hereby certifies that:**

1. This Certification of Income is being delivered in connection with the undersigned's application for funds for funds from the Illinois Affordable Housing Trust Fund, in the above referenced program.
2. The following individual(s) will occupy the unit:

OCCUPANT	RELATIONSHIP	AGE

3. The total gross household income as of the closing date listed above is as follows

(Please attach third-party verification): \$ \_\_\_\_\_

**I certify that the information above is true and complete to the best of my knowledge on the date hereof. In the event that this Certification of Income is executed more than 90 days prior to the closing date I hereby agree to update and recertify the accuracy of the information herein provided within 90 days of the closing date.**

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Received by: Program Administrator

\_\_\_\_\_  
Date

## Exhibit 4

### **PARTICIPANT SELECTION PLAN Documentation of Income**

As a necessary part of the funding process, documentation of income (using IHDA's Income Calculator) will be required for each qualifying applicant. Implementing organizations and units of local government may provide this documentation to the Illinois Housing Development Authority as they process applicants. To provide such documentation, the following steps must be completed for each qualifying applicant:

1. Access IHDA's Income Calculator by visiting their Revitalization and Repair Programs website (<https://www.ihda.org/my-community/revitalization-programs/>)
2. Navigate to the Income Calculator tab
3. Complete the Income Calculator (once per applicant)
4. Save a screenshot, Word or PDF file, or picture containing the applicant's results
5. Provide documentation of these results to IHDA's Community Affairs Department