



Blight Reduction Program (BRP) Program Update – Unit Substitutions

The Illinois Housing Development Authority (IHDA) is providing this program update for the Blight Reduction Program (BRP or Program).

In consideration of facts outside of the control of the Applicants and their Not-For-Profit partners, IHDA deems it in the best interest of the Program to allow for the substitution of properties under the following conditions:

- 1) Unit must be in a census tract (BRP Target Area) stated in the Applicant's original application submitted as to not impact Scoring Category 3 – Target Area Market Score and Scoring Category 4 –BRP Target Areas.
- 2) Applicant and Not-For-Profit partner provide a narrative demonstrating why there is a need for substitution (i.e. property in court; funding awarded less than anticipated affecting a revitalization strategy of contiguous or closely located properties).
- 3) Unit PIN provided. IHDA reserves the right to confirm substitutions on eligible Units/properties.
- 4) Applicant provides property information for application Scoring Category 5 – Readiness to Proceed – Table Section I through VIII for each property.
- 5) The Illinois Historic Preservation Agency letter must be submitted to IHDA prior to demolition.
- 6) Applicant and Not-For-Profit partner shall continue to abide by all program requirements including all standard requirements and certifications.

Requests for Unit substitution must be submitted on the BRP Substitution Unit Template attached here and available on the IHDA link below. IHDA reserves the right to accept the substitution request(s) in whole or in part in its sole discretion. The Applicant and NFP cannot consider the Unit substituted until the proposed substitution is approved by IHDA in writing.

The Blight Reduction Program was created in 2014 by IHDA under the Hardest Hit Fund Program funded through the Troubled Asset Relief Program, a U.S. Treasury managed resource dedicated to foreclosure prevention and neighborhood stabilization. BRP aims to decrease preventable foreclosures and stabilize neighborhoods, support partnerships between Illinois units of local government and their Not-For-Profit Partners, and provide funding to target blighted, vacant, residential properties in specific communities for demolition, greening, and eventual reuse, repurpose and/or redevelopment.

More information on the overall program, process, and eligibility can be found by visiting the [BRP FAQ](#) . Please visit <http://www.ihda.org/my-community/revitalization-programs/> for further information. Please send all questions to HHFBRPinfo@ihda.org.

BRP Substitution Unit Form

Unit of Local Government Name:		
Primary Contact's Name	Phone Number	Email Address

1. Please provide the address from the application for the Unit you are requesting to replace:
 - Please provide the PIN for the Unit from the application you are requesting to replace:
2. Please provide the address of the Unit replacing the Unit detailed in Question 1 with zip +4:
 - Please provide the PIN for the Unit described in question 2:
3. What census tract is the Unit listed in question 2 found? (Must be a census tract listed in your original application)

Please fill out the following chart regarding the replacement Unit:

TABLE KEY		BRP Target Area Name					
I. Common Property Address		<div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div>					
II. Current Title Holder /Owner							
III. Have you performed and documented pre-demolition inspections?							
IV. Is this property registered as historic?							
V. What is the estimated date that the Not-For-Profit Partner will take title to of the property?							
VI. What is the estimated date that the demolition and greening will be complete?							
VII. Briefly, what is the interim use plans for the lot if any? What are end use goals for the lot?							
VIII. What is the cost of the overall acquisition, demolition, greening, and closing costs? (do not include the allowable \$3,000 maintenance and \$1,750 administrative expenses per unit)							
I	II.	III.	IV.	V.	VI.	VII.	VIII.
		Y / N	Y / N				

4. Please provide a brief narrative demonstrating need for substitution.

Name _____ Signature _____, Unit of Local Government
 Name _____ Signature _____, Not for Profit Organization