



# Assistance Impact Statement

111 E. Wacker Drive  
Suite 1000  
Chicago, IL 60601  
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Share Your Story. Give Hope. Inspire Others.

We hope your experience working with the Illinois Housing Development Authority (IHDA), your lender, or one of our community partners has been a positive one. Thank you for sharing your story and helping us reach even more people who may be able to benefit from our services.

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Email address \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_

Staff/ Lender/ Property Management Company Contact Name (if applicable) \_\_\_\_\_

What program/service have you utilized? (Homebuyer Programs, Rental Housing, Home Repair Program, Community Revitalization, etc.)  
\_\_\_\_\_

Your IHDA Experience – How have our services supported you and/or your community? Please help us by sharing in as much detail as possible!

### Referral Source

- IHDA Website       Email from IHDA       Housing Counselor       Family/Friend       Government agency
- Community event       Property Owner/Manager       Real Estate Agent       Nonprofit agency       Other \_\_\_\_\_

**\* I certify that I understand my statement and agree to have my story shared as set forth by the Terms and Conditions set forth by IHDA.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Preparer name (if applicable) \_\_\_\_\_ Preparer signature (if applicable) \_\_\_\_\_

- I prefer my name is changed when using my story. Please use the name \_\_\_\_\_.
- I DO NOT want to be contacted to share my story and help others learn about affordable housing opportunities.