

# Assistance Impact Statement

**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. Your feedback is important to our work and we love to feature those we have worked with in one of our many programs. 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 \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

**Your IHDA Experience** – How have services supported you and/or your community? (down payment assistance, home re-habilitation, housing development, etc.) Please help us by sharing in as much detail as possible!

**What program were you involved with? (Foreclosure Prevention, Home Rehabilitation, etc.)**

**What staff members did you work with?**

**Referral Source**

- IHDA Website    
  Email from IHDA    
  Housing Counselor    
  Family/Friend    
  Government agency  
 Community event    
  Printed flyer    
  Real Estate Agent    
  Nonprofit organization    
  Other \_\_\_\_\_

**Would you be willing to share your story through a video or audio recording?**

- Yes, video and audio recordings can make a big difference. Please contact me!  
 I am not interested in being in a video, but I am comfortable with my voice being recorded. Please contact me!  
 No, I am not interested in being on video or having my voice recorded.

**How can we use your story?**

- I give permission for my name, story, and any pictures I have submitted to be used to promote IHDA's programs.  
 I prefer my name is changed when using my story. Please use the (first ) name \_\_\_\_\_.  
 Please do not share my story in any form.

**I certify that I understand my statement and agree to the Terms and Conditions set forth by IHDA.**

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

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

**\* Please return this form to [impact@ihda.org](mailto:impact@ihda.org) \***