



**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**
www.ihda.org

Trust Fund Single Family Rehabilitation Program (SFR) with Roof Only Option (SFR-R) and Home Accessibility Program (HAP)

HAP and SFR-R Round 2 Question and Answer Webinar

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Introduction to the IHDA Community Affairs Team



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Topics of Discussion

- Eligibility Criteria
- Program Documents
- Lead Testing and Remediation
- Work Safe Practices – Covid 19
- Q&A

Section 1: Eligibility Criteria



Eligibility Criteria

- Income Calculator – AMI Groups
 - ❖ Reminder to select the AMI group closest to the income of the household.
 - ❖ Example: If a grantee qualifies at 50%, select that AMI group in MITAS. Do not do a blanket 80% for all projects

Section 2: Program Documents



Sample File Checklist

Appendices

Please visit our website www.ihda.org to access webinars, FAQ, and forms. Click on the tabs “Community”, then “Revitalization and Repair Programs” to access the forms listed below:

Appendix B--Checklists

- Sample File Checklist
- Pre-approval Request Checklist
- Partial Payout Request Checklist
- Final Payout Request Checklist



Trust Fund Home Accessibility Program (HAP) Round 2 SAMPLE FILE CHECKLIST

Grantee Name: [redacted] STF #: [redacted]
Homeowner: [redacted] MITAS #: [redacted]
Tenant: [redacted]
Property Address: [redacted]
City: [redacted], Illinois Zip Code: [redacted] County: [redacted]
Number of Household Members: [redacted]

Indicates which documents are to be sent to IHDA and which are to be kept in the applicant’s file:

- ❖ Homeowner Eligibility Documents
- ❖ Loan Settlement
- ❖ Construction
- ❖ Close-Out Documentation


Pre-Approval Package

Table of Contents

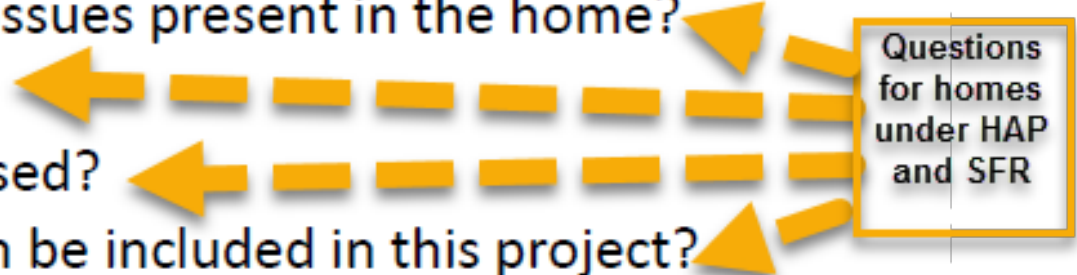
Section 5: Home Evaluation and Pre-approval

This section provides information on how to evaluate the feasibility of rehabilitating the property, as well as how to obtain pre-approval from IHDA.

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- What are the modification needs of the resident?
 - What are the accessibility requirements of the needed modifications?
 - What are the existing health and safety issues present in the home?
 - Are there concerns of lead-based paint?
 - What code violations need to be addressed?
 - What energy efficient improvements can be included in this project?



Questions for homes under HAP



Questions for homes under HAP and SFR



Pre-Approval Checklist

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Pre-Approval Checklist

Title Search

Program Manual

Confirm Ownership of Property

IHDA requires a Title Search for all properties to ensure the property rightfully belongs to the homeowner(s). If one or more homeowners are appearing in the title search that are not present due to death, IHDA will require additional documentation for review. You will need to produce documentation that proves ownership for the homeowner applying for funding (e.g., a will, divorce documents, or other relevant material).

FAQ

What are the title requirements?

A date-down title search is required to identify owners and confirm that the property is fee simple and not in a trust. If one of the homeowners is deceased, IHDA will require a will, divorce documents, or other relevant material that proves the homeowner that is applying for IHDA funding owns the home. The title search also confirms that there are no outstanding liens on the property that could put the home at risk. The Grantee should be proactive in helping the homeowner resolve any outstanding issues. Taxes and insurance must be current.

Trust Fund Single Family Rehab Program w/Roof Only Option PRE-APPROVAL REQUEST CHECKLIST

Grantee: _____ STF#: _____

Prepared By: _____

Phone: _____ Email: _____

Date: _____ Proposed Start Date: _____ Property Value: _____

Name of Applicant: _____

 Marital Status: Single (never married) Married Divorced

Property Address: _____

City: _____, Illinois Zip Code: _____ County: _____

 Roof Only _____ (\$16,500 max) Full SFR _____ (\$45,000 max)

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 Homeowners Insurance naming IHDA as additional insured—include flood and mine subsidence coverage (if applicable)
- Pictures of work to be completed (before rehabilitation)

- Title Search
 - Check boxes below to certify property is in compliance:
 - Property is Fee Simple (home is not in a trust or contract-for-deed)
 - Property is clear of all liens

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

Comments: _____

Payout Package

Table of Contents

Section 8: Receiving Your Funding, Project Completion and Reporting

This section outlines the payout process, including required documentation and timelines for payment.

Once your project has been completed or is partially complete, you will upload your payout package into MITAS and email TFHAPinfo@ihda.org or TFSFRinfo@ihda.org To inform us that your payout package is ready for review.

Your payout package should be submitted as quickly as possible to ensure timely disbursement of funds. You may submit a Partial Payout package and/or a Final Payout package as IHDA will allow only two payouts per project.

Partial Payout Request

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Mitas Commitment #: _____

 Trust Fund Single Family Rehab Program w/Roof Only Option
PARTIAL PAYOUT REQUEST CHECKLIST

Grantee: _____ STF#: _____

Prepared By: _____

Phone: _____ Email: _____

Date: _____

Name of Applicant: _____

Property Address: _____

City: _____, Illinois Zip Code: _____ County: _____

 Partial Payout Amount: \$ _____ Roof Only Full SFR

(Not to exceed \$45,000 for Full Rehab or

Remaining Amount for this Project: \$ _____ \$16,500 for Roof Only—Hard Costs, Soft Costs, Project Delivery)

Attached are the following documents:

 Scope of Work Narrative (if different from pre-approval)

 Request for Payment & Certification

 Payout Request Summary

 Project Delivery Worksheet

 Soft Cost Invoices (back-up documentation)

 Contractor Payment Request

 Contractor Sworn Statement

 Change Order(s)

 Contractor Partial Lien Waiver (including material lien waivers)

 Pictures of Completed Work

 Special Notice About Your Forgivable Loan (Homeowner retains original document. Grantee retains a copy, IHDA is sent digital copy)

 IHDA Promissory Note

 IHDA Mortgage

 Comments: *This project switched components:* Roof Only to SFR SFR to Roof Only

Partial Payout Checklist

- ❖ Complete entire checklist and upload all documentation into MITAS
- ❖ MITAS will only allow two uploads
 - Pre-Approval package and Partial Payout package
 - or
 - Pre-approval package and Final Payout package
- ❖ Project Delivery Worksheet must reflect **actual** hours worked
- ❖ Promissory Note and Mortgage should be sent for recording once project is pre-approved

Final Payout Request

Template

[Appendix B--Checklists](#)

- Sample File Checklist
- Pre-approval Request Checklist
- Partial Payout Request Checklist
- Final Payout Request Checklist



Mitas Commitment #: _____

**Trust Fund Home Accessibility Program Round 2
FINAL PAYOUT REQUEST CHECKLIST**

Grantee: _____ STF#: _____
 Prepared By: _____
 Phone: _____ Email: _____
 Date: _____ Owner-Occupied Renter-Occupied
 Name of Homeowner/Landlord: _____
 Name of Tenant: _____
 Property Address: _____
 City: _____, Illinois Zip Code: _____ County: _____
 Amount of This Final Payout: _____ Date Work Completed: _____
 Final Payout Amount: _____ (includes ONLY Hard Costs)
 Total Payout Amount for This Project: \$ _____ (Hard Costs, Soft Costs, Project Delivery)

Attached are the following documents:

- Scope of Work Narrative (if different from previous submission)
- Request for Payment & Certification
- Payout Request Summary
- Project Delivery Worksheet
- Soft Cost Invoices (back-up documentation)
- Contractor Payment Request
- Contractor Sworn Statement
- Change Order(s)
- Contractors Final Lien Waivers (including material lien waivers)
- Project Completion Certificate (reflects actual loan amount)
- Assistance Impact Statement (include a picture of applicant in the improvement area, if possible)
- Pictures of Completed Work
- Special Notice About Your Forgivable Loan (Homeowner retains original. Grantee retains a copy. IHDA receives a digital copy.)
- IHDA Promissory Note
- IHDA Mortgage
- Certificate of Occupancy (if applicable)

Comments: _____



Final Payout Checklist

- ❖ Complete entire checklist and upload all documentation into MITAS
- ❖ MITAS will only allow two uploads
 - Pre-Approval package and Partial Payout package
 - or
 - Pre-approval package and Final Payout package
- ❖ Mail Original Promissory Note to IHDA
- ❖ Mortgage should be recorded
- ❖ Include Certificate of Occupancy if required
 - If required, must indicate on Project Completion Certificate

Grantee's Approval:

1) I hereby certify that all completed work was inspected and the Certificate of Occupancy dated _____ is attached.

2) I hereby certify that all completed work was inspected and the Certificate of Occupancy is not required for this project.

 _____  _____

Authorized Signature Date

Contractor Forms (Appendix F)

- ❖ Contractor Payment Request
- ❖ Contractor Sworn Statement
- ❖ Change Orders
- ❖ Contractor's Lien Waiver (Partial or Final)
- ❖ Project Completion Certificate
- ❖ Assistance Impact Statement
- ❖ Pictures of Completed Work



Contractor Sworn Statement

- ❖ Include an invoice if unable to list items on form.
- ❖ There should not be an amount indicated in the Balance to Complete field if you are submitting a final payout request.

SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

State of Illinois
County of _____

The affiant, Contractor's Name, being first duly sworn, on oath deposes and says that he is (1) Owner in contract with (2) Homeowner(s) Name(s) owner for (3) Rehabilitation Work on the following described premises in said County, to wit: Property Address.

That, for the purpose of said contract, the following persons have been contracted with, and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on said improvement. That there is due and to become due them, respectively, the amounts set opposite their names for materials or labor as stated. That this statement is made to said owner (2) Homeowner(s) Name(s) for the purpose of procuring from said owner (4) Partial Final Payment on said contract, and is a full, true and complete statement of all such persons, and of the amounts paid, due and to become due them.

(1) A member of the firm or, or officer of the corporation of naming same. If a subcontractor, so state and name the contractor. (2) Name of the owner or owners. (3) What the contract or subcontract is for. (4) Partial or Final Payment.

NAME AND ADDRESS	CONTRACT FOR	AMOUNT OF CONTRACT	TOTAL PREVIOUS REQUESTS	AMOUNT OF THIS REQUEST	BALANCE TO COMPLETE
<u>The Best Construction</u> <u>Company Address</u> <u>Company City, State, Zip Code</u>	<u>General Rehab Work</u>	<u>\$ 26,890.00</u>	<u>\$ 0.00</u>	<u>\$ 26,890.00</u>	<u>\$ 0.00</u>
<u>Number One Plumbing & Heating</u>		<u>\$ 4,500.00</u>	<u>\$ 0.00</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>
<u>Ultimate Roofing</u>		<u>\$ 4,800.00</u>	<u>\$ 0.00</u>	<u>\$ 4,800.00</u>	<u>\$ 0.00</u>
TOTALS		<u>\$36,190.00</u>	<u>\$ 0.00</u>	<u>\$36,190.00</u>	<u>\$ 0.00</u>
AMOUNT OF ORIGINAL CONTRACT	\$ 36,190.00	TOTAL AMOUNT REQUESTED	\$ 36,190.00		
EXTRAS TO CONTRACT	\$	LESS % RETAINED	(\$)		
TOTAL CONTRACT AND EXTRAS	\$ 36,190.00	NET AMOUNT EARNED	\$ 36,190.00		
CREDITS TO CONTRACT	\$	AMOUNT OF PREVIOUS PAYMENT	\$ 0.00		
NET AMOUNT OF CONTRACT	\$ 36,190.00	AMOUNT DUE THIS PAYMENT	\$ 36,190.00		
		BALANCE TO COMPLETE	\$ 0.00		

It is understood that the total amount paid to date plus the amount requested in this application shall not exceed _____% of the cost of work completed to date.

I agree to furnish Writens of Lien for all materials under my contract when demanded.

Signed _____

Subscribed and sworn to before me this _____ day of _____

(Notary Public)

The above sworn statement should be obtained by the owner before the final payment.

Product Description	Amount
TEAR OFF ROOF AND INSTALL NEW	4,800.00
REMOVE AND CAP CHIMNEY	500.00
REPLACE SHED ROOF	6,600.00
NEW DOOR AND STORM DOOR	900.00
INSTALL VINYL FLOOR	450.00
REPLACE DEFECTIVE SUBFLOOR	450.00
REPLACE UNDERLAYMENT	300.00
INSTALL NEW SHEETROCK TO WALL	700.00
SHEETROCK ON CEILING	300.00
PRIME/PAIN T WALLS & CEILING	700.00
INSTALL CABINET WITH LIGHT BAR	450.00
REPLACE VANITY AND SINK	600.00
INSTALL RAISED ADA TOILET	500.00
INSTALL 5" SEATED SHOWER UNIT WITH GRAB BARS	2,100.00
INSTALL BATH FAN WITH LIGHT	500.00
INSTALL VINYL PLANK FLOORING	1,260.00
INSTALL BEAM ON PIERS	500.00
REPLACE FRAMING AND SUBFLOOR	800.00
INSTALL UNDERLAYMENT 180 SF	300.00
INSTALL KITCHEN SINK AND FAUCET	500.00
UR: INSTALL VINYL FLOORING	700.00
REPLACE DEFECTIVE SUBFLOOR	800.00
REPLACE UNDERLAYMENT	500.00
INSTALL WATER LINES	1,900.00
INSTALL DRAIN, WASTE VENT LINES	2,600.00
INSTALL 100 AMP SERVICE	1,200.00
REWIRE ENTIRE HOUSE	2,800.00
INSTALL ENTRY LIGHT FIXTURE, 2 EA	400.00
INSTALL SMOKE/CO DETECTOR(4EA)	600.00
FOYER: INSTALL VINYL FLOOR	200.00
INSTALL 5 CEILING LIGHTS	500.00
INSTALL COUNTERTOP	780.00
TOTAL	\$36,190.00

Contractor Lien Waiver

- ❖ Lien Waiver for each contractor listed on Sworn Statement (general contractor and all sub contractors)
- ❖ Contractor's name must be included in Contractor's Affidavit Section
- ❖ Partial Lien Waivers must be submitted for Partial Payout Requests

FINAL WAIVER OF LIEN					
TO WHOM IT MAY CONCERN:					Escrow or file # _____
WHEREAS the undersigned has been employed by <u>Homeowner</u>					
To furnish <u>materials and labor</u>					
for the premises known as <u>Property Address</u>					
of which <u>Homeowner</u> is the owner.					
THE undersigned, for and in consideration <u>Written Hard Costs Amount</u> (\$ _____) Dollars, and other good and valuable considerations, the receipt 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 of Illinois, relating to Mechanic's liens, on the above described premises and improvements thereon, and on the monies or other 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 <u>Homeowner</u> Signed by Contractor
*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					
STATE OF ILLINOIS COUNTY OF _____					
TO WHOM IT MAY CONCERN:					
THE undersigned, being duly sworn, deposes and says that he is <u>Contractor's Name</u>					
<u>Contractor's Position</u> of the <u>Company Name</u>					
who is the contractor for the <u>Rehabilitation</u> work on the building located at <u>Property Address</u> owned by <u>Homeowner</u> . 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
<u>Number One Plumbing & Heating</u>	<u>Plumbing</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>
<u>Contractor's Address</u>					
TOTAL LABOR AND MATERIAL TO COMPLETE		<u>\$ 4,500.00</u>	<u>\$ 0.00</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>
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 <u>Homeowner</u> Signed by Contractor
Subscribed and sworn to before me this _____ day of _____					Signed <u>Homeowner</u>

Section 3: Lead Testing and Clearance



Lead Testing and Clearance

- Grantees must follow Illinois Lead Prevention Code guidelines when addressing Lead Based Paint:

<http://dph.illinois.gov/sites/default/files/77%20IAC%20845.pdf>

- If a Lead Risk assessment is required, it must be done within a year of the start of construction
- Defer to HAP and SFR-R program manuals regarding risk assessment and clearance testing

Lead Testing and Clearance

- SFR Requirements:

	SFR Project	SFR-R Project
<u>Pre 1978</u>	Risk assessment of the entire home is needed for every project.	Risk Assessment is needed for every project. Only the roof and affected areas need to be tested.
<u>After 1978</u>	No lead assessment is required, unless grantee determines otherwise.	No lead assessment is required, unless grantee determines otherwise.

Lead Testing and Clearance

- HAP Requirements:

	Interior Rehab Work	Exterior Rehab Work
Pre 1978	Risk assessment of the entire home is needed for every project.	Risk Assessment is needed for every project. Only the affected areas need to be tested.
After 1978	No lead assessment is required, unless grantee determines otherwise.	No lead assessment is required, unless grantee determines otherwise.

Section 4:
Work Safe Practices – Covid 19



Work Safe Practices – Covid 19

Defer to state issued guidance at:

- <https://coronavirus.illinois.gov/s/prevention-at-work>
- <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

Work Safe Practices – Covid 19

IHDA Recommendations:

- Obtain written consent of the homeowner prior to commencing any work.
- Stagger shifts, use of face coverings and/or PPE, proper social distancing and sanitization practices
- Work inside homes should be limited to 10 or fewer people at any one time

Section 5: Question and Answer



Grantee Feedback and Questions

- Intake During Covid 19
- Soliciting Applicants
- Tips for speeding up process
- Soliciting Contractors
- Completing project in a timely fashion
- What issues/roadblocks are you encountering?
- Any suggestions you would like to share with other grantees?

Section 6: Lead Risk Assessment Example





Thank you for attending!