

BIPOC PARTICIPATION CERTIFICATION

Discrimination in the US housing market has contributed to both social and economic inequity manifest in the widening of the racial wealth gap and historic disinvestment in communities of color. The Illinois Housing Development Authority's ("Authority") approach to address racial equity is rooted in increasing opportunities for wealth-building, while also prioritizing projects that improve resident outcomes.

In order to achieve the Authority's goal of providing minorities and women equal opportunity by improving participation by disadvantaged businesses on PSH projects, especially by BIPOC-led firms and prioritizing project concepts that improve 'quality of life' and housing quality, the undersigned hereby certifies that _____ expects to materially participate and/or partner with Sponsor sharing risks and profits commensurate with the degree of ownership interest, including but not limited to ownership, cash-flow, and voting rights.

The below signatory understands that authorized representatives of the Authority may examine the books, records, and files of the organization from time to time, to the extent that such material is relevant to a determination of whether the organization is complying with the Authority's BIPOC participation requirements.

Development Name: _____

Organization Name: _____

Which one of the following describes your status in terms of a BIPOC led and/or governed entity:

Non-profit entity that meets one of IHDA's BIPOC thresholds: _____ BIPOC LED _____ BIPOC Governed

Organization Address: _____

Organization Phone Number: _____

I _____ CERTIFY THAT THE ABOVE-REFERENCED ORGANIZATION CLAIMING STATUS AS LED BY BLACK, INDIGENOUS, OR PEOPLE OF COLOR (BIPOC) AND/OR GOVERNED BY A BIPOC BOARD, I DECLARE, UNDER PENALTY OF PERJURY, THAT THE INFORMATION PROVIDED IN THIS CERTIFICATION AND ANY SUPPORTING DOCUMENTS SUBMITTED ARE TRUE AND CORRECT AND UNDERSTAND THAT IT IS MATERIAL TO THE AWARD OF POINTS PURSUANT TO THE AUTHORITY'S PERMANENT SUPPORTIVE HOUSING DEVELOPMENT PROGRAM APPLICATION CRITERIA.

Signature: _____

Date: _____