

# Waiver Walkthrough

Request a waiver by contacting Waitlist Manager, Jeri Bond at [Jeri.Bond@Illinois.gov](mailto:Jeri.Bond@Illinois.gov). Waivers are to be requested **only** if 1) no referrals were received for a unit OR no referrals moved into the unit and 2) it has been longer than the unit hold period (30, 60, or 90 days). Both pages of the waiver must be submitted together to Waitlist Manager, Jeri Bond. Waivers are approved by Waitlist Manager, Jeri Bond, and are sent to IHDA for final approval. Once officially approved, the final waiver will be sent to you to keep in your files.

Name, Address, and City of the specific unit being waived.

Program type for specific unit being waived.


Who has moved into unit? Or will be moving into unit?

How many referrals were received for specific unit?

Reason referrals were denied.

Comment further explaining denied referrals.

Sign and date.



**ILLINOIS HOUSING DEVELOPMENT AUTHORITY**  
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### SRN/Section 811 UNIT WAIVER REQUEST

**To Be Completed By Owner:**

Property Name: \_\_\_\_\_ IHDA Loan Number: \_\_\_\_\_

Property Address: \_\_\_\_\_ Total of SRN Units: \_\_\_\_\_

City: \_\_\_\_\_ Total of 811 Units: \_\_\_\_\_

**Please Select Program Type:**

State Referral Network (SRN) Program ☐ Initial Lease up unit hold (90-day SRN/ 60-day 811)

Section 811 PRA Program ☐ Turnover unit (30-day hold)

**Please select all that applies:**

Non-SRN/811 Resident ☐

Section 811 resident ☐

SRN resident ☐

**Please Note: Only (1) unit per Waiver request form:**

Emphasys Unit ID #Number/Bedroom Size \_\_\_\_\_

Date unit was Made "available" in Emphasys \_\_\_\_\_

Date Waitlist manager was contacted \_\_\_\_\_

**Referrals: Please complete the following:**

Number of Referrals received for this unit: \_\_\_\_\_

No referrals received for this unit: ☐

**Please select reason for referrals not being processed:**

Caseworker no follow-up with property management ☐

Client not Interested in (Unit) ☐

Client no contact follow-up with property management ☐

Client denied by Housing Authority ☐

Client did not complete application process ☐

Client- Background ☐

Client - Financial ☐

Other (Please explain below) ☐

Addition Comments: \_\_\_\_\_

Signature Of Owner/Agent: \_\_\_\_\_ Owner/Agent waiver request date: \_\_\_\_\_

**Please select Waiver request Timeframe:**

Initial Lease up unit hold (90-day SRN/ 60-day 811) ☐

Turnover unit (30-day hold) ☐

**List Referrals Received if applicable:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Name: \_\_\_\_\_

**Cont'd Questions must be answered for referrals not being housed:**

Was applicant informed that they can request a Reasonable Accommodation? Yes ☐ No ☐

If Yes, what was the outcome? \_\_\_\_\_

Was applicant and service provider given a written notice of the right to appeal with a person that wasn't involved in the denial? Yes ☐ No ☐

Were all referrals received from a PAIR Administrator processed by the owner/agent before requesting a waiver? Yes ☐ No ☐

**Please select reason for referrals not being processed:**

Property management no follow up with Caseworker ☐

No response to Notices sent to Caseworkers ☐

Client no longer interested (location) ☐

Units not listed in "Pair module" ☐

Client did not complete application process ☐

No interested clients for this unit ☐

No interested clients for this property ☐

Other (Please explain) ☐

Addition Comments: \_\_\_\_\_

Signature Of SHC/Waitlist Manager: \_\_\_\_\_ Waitlist manager waiver approval date: \_\_\_\_\_

IHDA Loan Numbers are given by IHDA to Developers or Property Managers when contracts are signed.

Total number of SRN and/or 811 units at property.

When units are listed with Emphasys, they are held for 30, 60, or 90 days. Information can be found in contract.

Internal unit number/bedroom size.

Date that unit was listed by Emphasys, Date waiver was requested.

Name(s) of referred applicants.

Reasonable Accommodations are protected under HUD.

Applicants have the right to appeal an application denial.

All referrals must be processed prior to requesting a waiver.

**TO BE COMPLETED BY IHDA SRN/SECTION 811 PROGRAM COORDINATOR:**

This waiver approval is in response to your request to lease the Statewide Referral Network (SRN) unit at your development to a household that has not been referred by the Statewide Housing Coordinator (SHC). Per the SRN Written Agreement, you may now lease the unit to a household meeting the program requirements that did not come through the referral process. We are allowing this exception because more than 90 days for SRN units or 60 days for Section 811 has passed for the initial leasing or 30 days has passed for the unit turnover leasing of the SRN/Section 811 unit(s), and you have not been able to successfully fill the SRN/Section 811 units through the referral process.

Please note upon turnover of the unit(s), you must ensure that the vacant unit(s) have been "made available" on the PAIR Module & notification given to the SHC and/or the SRN Waitlist Manager to provide referrals. SHC and/or the SRN Waitlist Manager will have 30 days to provide sufficient referrals to fill the vacancies. It is important that you notify Emphasys through the email [polling@emphasys-software.com](mailto:polling@emphasys-software.com) of your vacancies as soon as a unit is ready to lease. This will ensure that the Wait-List Manager receives your vacancy information as soon as possible and can begin the referral process.

The Property Management team will continue the established communication plan with the Statewide Housing Coordinator (SHC). Failure to remain compliant with the SRN Agreement may negatively impact future funding applications to IHDA.

**Please note for Section 811 units:**

***It is important that you follow the guidelines below for all Section 811 PRA units: Eligibility, Selection, and Admissions of Families: RAC part II 2.8 (c) (3) "The owner/agent must inform the Grantee or their designee of a vacancy and hold the unit open for a reasonable period of time. If no Eligible Tenants are identified within a reasonable time, as determined by the Grantee, the owner may lease the unit to families which are not eligible for the PRA Program; this household is not entitled to the benefit of the rental assistance. If the number of occupied PRA Assisted Units at the property falls below the total number of units listed in Exhibit 1 of Part 1 of the RAC, the Owner will designate the next available appropriate unit as an Assisted Unit until the total number of occupied units meets the total number listed in Exhibit 1 of Part 1 of the RAC."***

IHDA is continuously working with our partners in the service delivery sector to improve the referral system. **Please retain a copy of this document in your files.** We appreciate your participation in the Statewide Referral Network (SRN).

Date Waiver was denied: \_\_\_\_\_  
Comments: \_\_\_\_\_

Signature of SRN/811 Program  
Coordinator: \_\_\_\_\_

IHDA Approved  
Waiver Date: \_\_\_\_\_