



Owner & Agent Training

# People and Processes:

*Behind the Scenes: Understanding the  
Teams That Process Your Work*

Presenter(s): Heather Metcalf,  
Compliance Analyst



# Session Agenda



1

## Internal Processes for Compliance Submissions

Review processes that IHDA POC Team Members go through when a compliance document is received .

2

## Document Overview

Brief overview of compliance documents

3

## Most Common Mistakes

Go over most common mistakes made on compliance documents

4

## Feedback

Group breakout session and questions



# IHDA Internal Processes: Compliance Documents

1

Documents are received via Compliance Connection and POC Team Member is notified via email .



2

The Compliance Analyst and/or Asset Manager reviews the documents received within 30 days of receipt .



# IHDA Internal Processes: Compliance Documents

3

CA/AM will return documents via email to O/A with feedback regarding corrections if needed with a time sensitive deadline



4

CA/AM will review corrected documents once returned (if applicable)

These steps may be skipped if documents submitted require no corrections!



# IHDA Internal Processes: Compliance Documents

5

If no corrections are needed OR once corrections requested have been satisfied, the CA/AM will submit documents to their respective POC Managers for final approval .



6

O/A will receive a notification from the POC Department Assistant with an approval cover letter and IHDA executed document with the Assistant Director's signature .



# Overview of Compliance Documents



1. Affirmative Fair Housing Marketing Plan (AFHMP)
2. Management Agreement Extensions
3. Tenant Selection Plans (TSP)
4. Rent Schedules/Utility Allowance Requests
5. Consolidated Certificate of Compliance (COC)



# IHDA Compliance Document Abbreviations

1. AFHMP, AMP = Affirmative Fair Housing Marketing Plan

2. CA= Compliance Analyst

3. AM= Asset Manager

4. POC= Project Operations Compliance

5. O/A= Owner/Agent

6. COC = Consolidated Certificate of Compliance

7. TSP = Tenant Selection Plan

8. UA Request = Utility Allowance Request







# Affirmative Fair Housing Marketing Plan

## Most Common Errors

<https://www.ihda.org/wp-content/uploads/2023/10/AFHMP-w-Instructions-02.10.2023.pdf>

Illinois Housing Development Authority  
AFFIRMATIVE FAIR HOUSING MARKETING PLAN (AFHMP)

IHDA Property Identification Number (PID)

Development Name

### I. INTRODUCTION

The Illinois Housing Development Authority ("IHDA") requires that each multifamily development receiving loan/grant financing and/or Tax Credit from IHDA, including those participating in a HUD multifamily housing program, establish a marketing program to attract prospective tenants representing all minority and non-minority demographics within the housing market area regardless of race, color, national origin, religion, sex (including sexual harassment), familial status, disability, pregnancy, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender-related identity), unfavorable military discharge, and physical and mental disability. In addition to any general marketing activities, each development must implement an affirmative fair housing marketing program. These affirmative marketing efforts are to be directed toward demographics who due to the development's geographic location or other factors, are considered those "least likely" to apply for housing at the development. The marketing program must also include outreach efforts to all persons with disabilities, along with highlighting apartments with accessible or adaptable features in detail to demonstrate specific outreach efforts to persons with physical disabilities. The specifics of this marketing program are outlined below.

### II. OWNER AND DEVELOPMENT

#### A. OWNER

Organization Name:

Contact Person:

Address:

City/State/Zip:

Telephone #:

E-mail Address:



# AFHMP: Common Errors



Approximate Starting Date of General Advertising should be the **CURRENT** date of marketing efforts.

F. DATE OF INITIAL OCCUPANCY

Approximate Starting Date of General Advertising:

G. CURRENT NUMBER OF OCCUPIED UNITS:

Describe the General and Expanded Housing Market Area:

The description of the Housing Market Area should include what type of market the development is in, including info on transportation, resources, and other housing types. This can also include physical boundaries of the marketing area.



# AFHMP: Common Errors

Census Tract Data can be found here:

<https://geomap.ffiec.gov/FFIECGeocMap/GeocodeMap1.aspx>

## III. MARKETING ACTIVITIES

### A. TARGETED MARKETING ACTIVITY

Based on your completed Worksheet 1, indicate below, the demographic group(s) found in the development's primary market area that, because of the development's location or other factors, is least likely to apply for the housing without special outreach efforts. (Check all that apply)

- |  |  |
|--|--|
| <input type="checkbox"/> White   | <input type="checkbox"/> Black or African American           |
| <input type="checkbox"/> American Indian or Alaskan Native                                 | <input type="checkbox"/> Asian                               |
| <input type="checkbox"/> Hispanic or Latino  | <input type="checkbox"/> Native Hawaiian or Pacific Islander |
| <input type="checkbox"/> Persons with Disabilities   | <input type="checkbox"/> Families with Children              |
| <input type="checkbox"/> Other ethnic group, religion, etc. (specify) <input type="text"/> |  |

**THREE targeted populations *must* be selected based on demographic information from the Census Tract**

**DO NOT choose a population that is not represented in the census data**



# AFHMP: Common Errors

## B. COMMUNITY CONTACTS

If a community group/organization is to be used as part of the general or special outreach marketing efforts, it is expected that contact with the group/organization listed below will be established and maintained throughout the initial marketing campaign and subsequent marketing efforts. Provide the following information for each contact.

Include approximate date of last contact AND targeted population being reached

1. Name of Group/Organization
2. Street Address
3. City, State & Zip Code
4. Identification of Audience to be Reached
5. Approximate Date of Contact or Proposed Contact (i.e. required annually)

Group I


Group II


Group III


Group VI


## B. TRAINING/CERTIFICATIONS

Staff training is to include: Fair housing laws and regulations, outreach and Affirmative Fair Housing Marketing Plan implementation. Indicate below how this is to be accomplished, along with providing evidence of staff training (i.e. Certificates, etc.).


## C. MARKETING STAFF

What staff positions are/will be responsible for affirmative marketing?


## D. EVALUATION OF MARKETING ACTIVITIES

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting the group(s) least likely to apply, how often you will make this determination, and how you will make decisions about future marketing based on the evaluation process.


How will you evaluate if you are successfully marketing to least likely to apply populations?

List trainings staff has taken OR intends to take. Fair Housing certificates must be dated within the last 2 years

Ensure that staff members listed here are the same staff members whose certificates you have attached

Evaluation of marketing activities should include how often management reviews the impact of the marketing plan and how they will evaluate if marketing efforts have been successful

# AFHMP: Back -Up Documentation Required

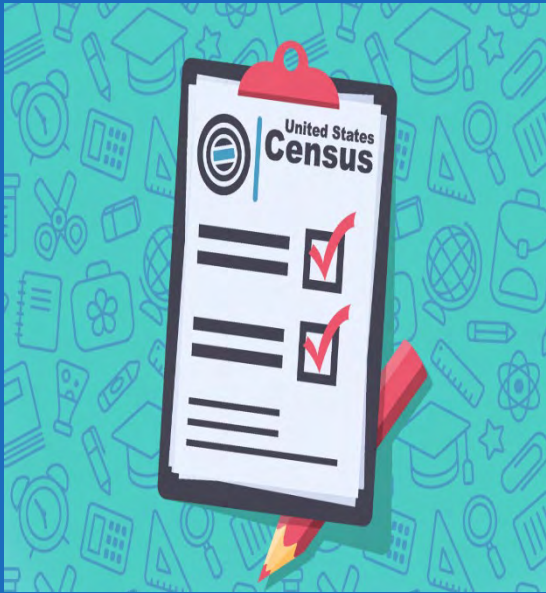
Worksheet 1

Worksheet 1: Determining Demographic Groups Least Likely to Apply for Housing Opportunities  
(See AFHMP, III. Marketing Activities, Part A. Targeted Marketing Activity)

In the respective columns below, indicate the percentage of demographic groups among the tenants residing at your development, current development applicant data, Census Tract, housing marketing area, and the expanded housing market area (See Instructions to II. Owner and Development Information, Part E. Development Data and Part G. Describe the Market Area). If you are a new construction or substantial rehabilitation development and currently do not have tenants or development applicant data, only report information for the Census Tract, housing market area, and expanded market area. The purpose of this information is to identify any under-representation of certain demographic groups in terms of race, color, national origin, religion, sex (including sexual harassment), familial status, disability, pregnancy, ancestry, age (40 and over), order of protection status, marital status, sexual orientation (which includes gender-related identity), unfavorable military discharge, and physical and mental disability. If there is significant under-representation of any demographic group among the development's tenants or current applicants in relation to the housing/expanded housing market area, then targeted outreach and marketing should be directed towards these individuals least likely to apply. Indicate under-represented groups in III. Marketing Activities, Part A. Targeted Marketing Activity of the AFHMP. Please also include maps showing both the housing market area and the expanded housing market area.

Demographic Characteristics	Development's Tenants	Development's Applicant Data	Census Tract	Housing Market Area	Expanded Housing Market Area
% White					
% Black or African American					
% Hispanic or Latino					
% Asian					
% American Indian or Alaskan Native					
% Native Hawaiian or Pacific Islander					
% Persons with Disabilities					
% Families with Children					
Other (specify)					

Census Tract Data + Maps



ILHousingSearch .Org website registration



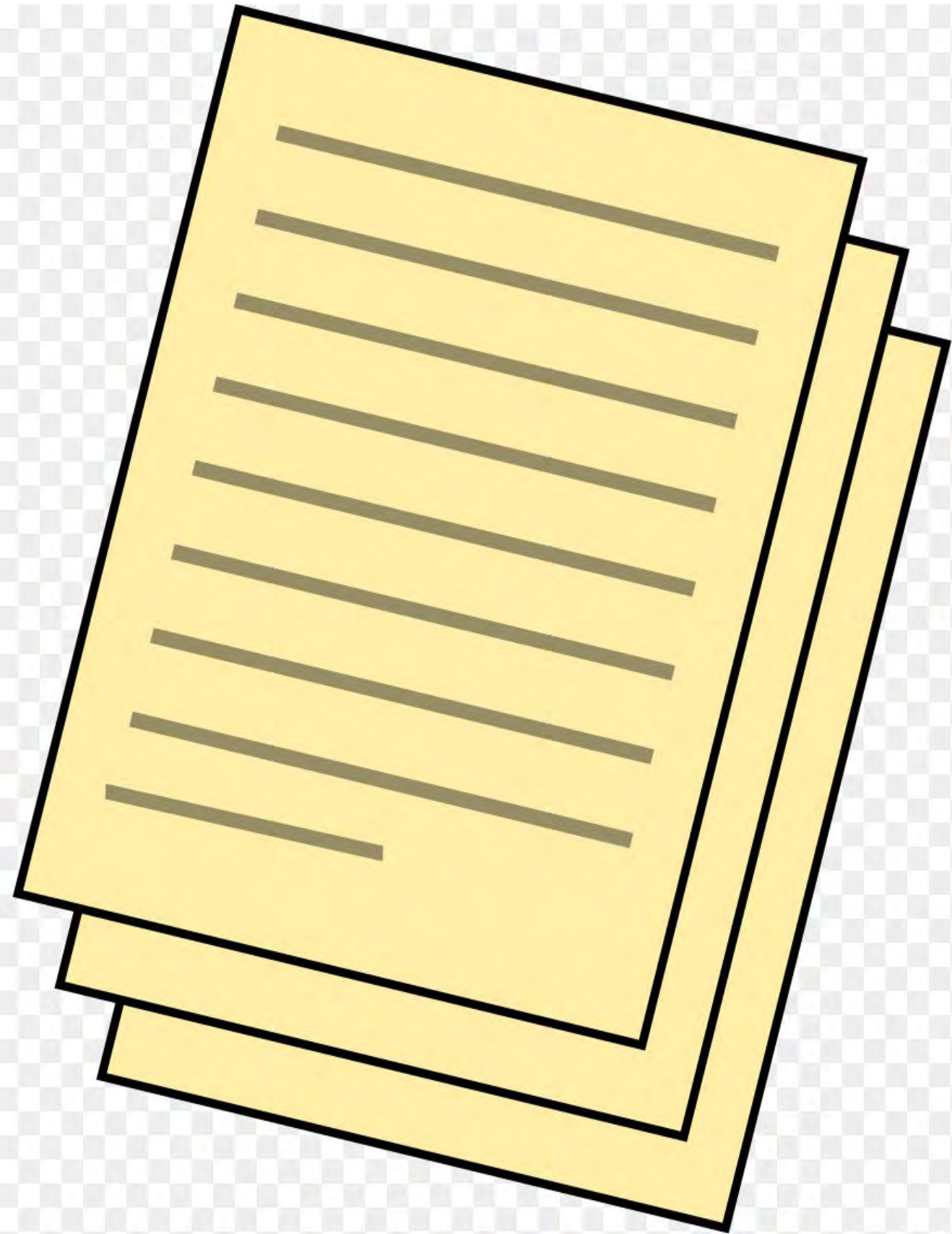
Pictures of project signage



All advertisements







# AFHMP: Back - Up Documentation Continued

Fair Housing Training

Certificates for all staff

responsible for affirmative

marketing

1. Must be issued within the last TWO years.
2. Staff listed on AFHMP must have certificate attached

Annual Outreach Letters

to community

organizations

Must include letters to ALL organizations listed in the AFHMP



111 E. Wacker Drive  
Suite 1200  
Chicago, IL 60601  
312.326.5200

## EXTENSION AND AMENDMENT OF MANAGEMENT AGREEMENT

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

Project ID (PID): \_\_\_\_\_

THIS EXTENSION AND AMENDMENT OF MANAGEMENT AGREEMENT (this "Amendment") is made as of the \_\_\_\_\_ day of \_\_\_\_\_, by and between \_\_\_\_\_ (the "Owner") and \_\_\_\_\_ (the "Property Manager").

### RECITALS

The Owner and the Property Manager have previously entered into that certain Management Agreement dated as of \_\_\_\_\_ (the "Management Agreement") and approved by the Illinois Housing Development Authority. The Management Agreement has expired and the parties wish to amend it and extend its term.

NOW, THEREFORE, in consideration of the mutual agreements contained below and other good and valuable consideration, the receipt and adequacy of which is acknowledged, the parties agree as follows:

1. **Definitions.** All capitalized terms in this Amendment that are not defined herein shall have the meanings provided in the Management Agreement.
2. **Extension of Term.** The term of the Management Agreement is extended for a period of \_\_\_\_\_ year(s), beginning on \_\_\_\_\_ and ending on \_\_\_\_\_ unless terminated earlier as provided in the Management Agreement.
3. **Fees.**
  - ☐ There is no change to the monthly fee of the Property Manager.
  - ☐ There is a change to the monthly fee of the Property Manager. Paragraph \_\_\_\_\_ of the Management Agreement is amended to provide that the monthly fee of the Property manager shall be \_\_\_\_\_ percent (\_\_\_\_%) of gross collections.
4. **Warranties and Representations.** Owner and Property Manager each warrants that it has not executed, and represents that it will not execute, any other agreement with provisions contradictory to or in opposition to the provisions of the Management Agreement, as amended by this Amendment (the "Amended Management Agreement") and that, in any event, the requirements of the Amended Management Agreement are (i) paramount and controlling as to the rights and obligations set forth in any other agreement and (ii) supersede any other requirements in conflict with the Amended Management Agreement.

# Management Agreement Extension

## Most Common Errors

<https://www.ihda.org/wp-content/uploads/2023/06/Management-Agreement-Extension-Rev.-6-2023.pdf>





# Management Agreement Extension: Common Errors

Ensure that this line states the development's name and not the owner entity name.

ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY  
WWW.IHDA.ORG

411 E. Wacker Drive  
Suite 1000  
Chicago, IL 60601  
312.838.8500

## EXTENSION AND AMENDMENT OF MANAGEMENT AGREEMENT

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

Project ID (PID): \_\_\_\_\_

THIS EXTENSION AND AMENDMENT OF MANAGEMENT AGREEMENT (this "Amendment") is made as of the \_\_\_\_\_ day of \_\_\_\_\_, by and between \_\_\_\_\_ (the "Owner") and \_\_\_\_\_ (the "Property Manager.")

RECITALS

This date should represent when the Management Agreement Extension was signed by both the owner and the agent

Double check to make sure the entirety of both the owner and agent entities are typed out



# Management Agreement Extension: Common Errors

## RECITALS

The Owner and the Property Manager have previously entered into that certain Management Agreement dated as of \_\_\_\_\_ (the "Management Agreement") and approved by the Illinois Housing Development Authority. The Management Agreement has expired and the parties wish to amend it and extend its term.

This date must match the date of the original Management Agreement

NOW, THEREFORE, in consideration of the mutual agreements contained below and other good and valuable consideration, the receipt and adequacy of which is acknowledged, the parties agree as follows:

1. Definitions. All capitalized terms in this Amendment that are not defined herein shall have the meanings provided in the Management Agreement.
2. Extension of Term. The term of the Management Agreement is extended for a period of \_\_\_\_\_ year(s), beginning on \_\_\_\_\_ and ending on \_\_\_\_\_, unless terminated earlier as provided in the Management Agreement.

The term of the extension should begin the day after the end of the prior Management Agreement/Extension





# Management Agreement

## Extension: Common Errors

IN WITNESS WHEREOF, the parties have caused this Amendment to be executed by their authorized representatives.

**OWNER:**

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
FEIN # \_\_\_\_\_

**PROPERTY MANAGER:**

By: \_\_\_\_\_  
Print Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_  
FEIN # \_\_\_\_\_

The FEIN can  
be found on  
the form  
8609

CONSOLIDATED CERTIFICATE OF COMPLIANCE

Development Name:

Project ID (PID):

SECTION A: INCOME & RENT LIMITATIONS  
ALL IHDA PROPERTIES EXCEPT IHDA HOME-FUNDING

The undersigned does hereby certify that during the preceding calendar year 2024, the above referenced development and all of the tenants were continually in compliance with the rent and income limitations contained in the provisions of that certain "Agreement(s)" between the undersigned and the Illinois Housing Development Authority (the "Authority"), as required by the applicable funding program.

Please populate the table below to reflect an accurate breakdown of the development's unit AMI allocations by applicable program as of December 31, 2024.

PROGRAM	AMI									
	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
1802										
ADMIN										
AMBAC										
BIBP										
CAHGP										
CDBG										
CDT										
CREDIT ADVANTAGE										
FAF										
FFB										
HJIIIP										
HTF										
IAHTC										
LIHTC										
LTOS										
ML										
MPP (Preservation)										
NHTF										
NSP										
RS										
SECTION 811 PRA										
SRN										
SRO										
TCAP										
TEB										
TFB										
TF formerly HOME										

# Consolidated Certificate of Compliance

Most  
Common  
Errors

<https://www.ihda.org/wp-content/uploads/2024/03/CONSOLIDATED-CERTIFICATE-OF-COMPLIANCE-9-2023.pdf>





# COC: Common Errors

60 units @  
60% AMI

a. At least one hundred percent (100%) of the Units shall be occupied by Tenants whose family income is sixty percent (60%) or less of the median income of the Chicago metropolitan statistical area, adjusted for family size, as such adjusted income and median income for the area are determined from time to time by the United States Department of Housing and Urban Development for purposes of Section 8 of the United States Housing Act of 1937.

**Project Unit Count:** 60/60 (Number of Low Income Units/Total Number of Units in the Project)  
**Minimum Low Income Set-Aside Election:** At least 40% of the units in the Project must be occupied by Tenants at or below 60% of Area Median Gross Income and Rent-Restricted in accordance with such income level.  
**Minimum Applicable Fraction for Project:** At least 100%

60/60 units  
are Tax Credit  
@ 60% AMI

Double  
check EUA  
for deeper  
restrictions!

24 units @  
60% AMI

c. At least twenty-four (24) Units ("Affordable Units") shall be occupied by tenants whose family income is sixty percent (60%) or less of the median income of the metropolitan statistical area of Chicago, with adjustments for household size ("Median Income"), as such adjusted income and median income for the area are determined from time to time by the United States Department of Housing and Urban Development for purposes of Section 8 of the United States Housing Act of 1937. Additionally, Borrower covenants that throughout the term of this Agreement, the Borrower will use reasonable efforts to obtain and will accept any locally, state or federally-administered operating subsidy or project based rental assistance, including, but not limited to Section 8 project based vouchers, should such subsidy or assistance be made available on any of the Units.

3. Representations and Agreements. Borrower further represents, warrants, covenants, and agrees that:

a. At least sixteen (16) of the Units shall be designated as HOME assisted units (as that term is defined in the HOME Requirements) ("HOME Program Units") and comply with the provisions contained in the aforesaid HOME Requirements and this Agreement. The number of bedrooms in each HOME Program Unit and affordability restrictions for each such unit may not be changed from what is required herein.


b. All of the HOME Program Units shall be designated as "Low HOME Units" (as that term is defined in Paragraph 9 hereof). Low HOME Units shall have rents at or below the "Low HOME Rent" as defined in the HOME Requirements, and shall be occupied by Very Low Income Families (as defined in the HOME Requirements and Paragraph 9 hereof).

16 Low HOME  
units (@ or  
below 50% AMI)



# COC: Common Errors



**ILLINOIS HOUSING  
DEVELOPMENT AUTHORITY**  
WWW.IHDA.ORG

111 E. Wacker Drive  
Suite 1000  
Chicago, IL 60601  
312.839.5209

## CONSOLIDATED CERTIFICATE OF COMPLIANCE

Development Name:

Project ID (PID):

### SECTION A: INCOME & RENT LIMITATIONS ALL IHDA PROPERTIES EXCEPT IHDA HOME-FUNDING

The undersigned does hereby certify that during the preceding calendar year 2024, the above referenced development and all of the tenants were continually in compliance with the rent and income limitations contained in the provisions of that certain "Agreement(s)" between the undersigned and the Illinois Housing Development Authority (the "Authority"), as required by the applicable funding program.

Please populate the table below to reflect an accurate breakdown of the development's unit AMI allocations by applicable program as of December 31, 2024.

PROGRAM	AMI									
	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
1802										
ADMIN										
AMBAC										
BIBP										
CAHGP										
CDBG										
CDT				60						
CREDIT ADVANTAGE				24						
FAF										
FFB										
HJIIP										
HTF										
IAHTC										
LIHTC				60						
LTOS										
ML										
MPP (Preservation)										
NHTF										
NSP										
RS										
SECTION 811 PRA										
SRN										
SRO										
TCAP										
TEB										
TFB										
TF formerly HOME										

Ensure the development's name is typed here- not the owner entity

### SECTION B: DECENT, SAFE & SANITARY ALL IHDA PROPERTIES

The undersigned does hereby certify that during the preceding calendar year 2024, the above referenced development was continually in compliance with the decent, safe, and sanitary requirements contained in the provisions of their "Agreement(s)" between the undersigned and the Illinois Housing Development Authority (the "Authority"), and that the development has been inspected and that each unit has been determined to be in Decent, Safe and Sanitary condition. Copies of these reports will be kept on file for at least three years from the date hereof.

### SECTION C: INCOME & RENT LIMITATIONS IHDA HOME-FUNDED PROPERTIES ONLY

☐ Check here if project is not funded with IHDA HOME, this section is not applicable.

☒ Check here if project is funded with IHDA HOME, proceed to complete the below section, and complete and attach the TST-2 to your submission.

The undersigned does hereby certify that during the preceding calendar year 2024, the above referenced development was continually in compliance with the IHDA HOME-specific requirements contained in the provisions of that certain Regulatory and Land Use Restriction Agreement (the "**Regulatory Agreement**") between the undersigned and the Illinois Housing Development Authority (the "Authority").

Please populate the table below to reflect an accurate breakdown of the development's unit allocations as of December 31, 2024.

	Number of Units
Total HOME Units	16
Low HOME	16
High HOME	

List HOME units here on Page 2



[illegible]



# Rent Schedule/UA Requests AND Tenant Selection Plans

## TENANT SELECTION PLAN

(For Other Non-Section 8 Program Developments)

DEVELOPMENT NAME

IHDA PROJECT IDENTIFICATION NUMBER (PID)

DEVELOPMENT ADDRESS, CITY, STATE AND ZIP CODE

<https://www.ihda.org/wp-content/uploads/2024/11/Tenant-Selection-Plan-Other-Programs-Rev.-11.27.2024.pdf>

Most  
Common  
Errors



## RENT AND UTILITY ALLOWANCE REQUEST NON-SECTION 8 PROGRAM

Development Name:

Project ID (PID):

Rent Effective Date:

Bedroom Size	AMI%	Current Rent Amount	New Rent Amount

Utility Allowance Effective Date:

Attach the Utility Allowance Backup

Bedroom Size	Current UA Amount	New UA Amount
0		
1		
2		
3		
4		
5		

<https://www.ihda.org/wp-content/uploads/2023/04/Rent-and-Utility-Allowance-Request-12-2022.pdf>



# TSP: Common Errors

## C. Unit Distribution

Please ensure unit AMI levels align with those specified in the Regulatory Agreement(s) and/or Extended Use Agreement(s). For further assistance, contact your IHDA representatives.

### 1. Development

The Development will offer a total of  rental units.

This ☐ includes ☐ does not include a management unit.

*(Check the one that applies)*

The income limitations of these units are as follows:

Market rate (no income restriction) units

Units at  % Median Income

Units at  % Median Income

Units at  % Median Income

Units at  % Median Income

Total Number of Management Units

### 2. Development (Unit Breakdown per Written Agreement)

#### Per Regulatory Agreement

Program:

Market rate units

Units at  % Median Income

Units at  % Median Income

Units at  % Median Income

Units at  % Median Income

Management Units

#### Per Extended Use Agreement:

Market rate units

Units at  % Median Income

Units at  % Median Income

Units at  % Median Income

Units at  % Median Income

Management Units

It might be helpful to this of this page as being a more detailed version of the COC

This page should be filled out in accordance with your EUA and/or Regulatory Agreements

**TSP EXHIBITS**  
The exhibits attached at the end of the TSP must be completed on the Agent's letterhead!





# Rent Schedule/UA Requests: Most Common Errors

## Option 1

1. Must have 12 months of consecutive utility usage per unit.
2. Refer to Table 1 for minimum number of samples required per unit size.
3. Once the Baseline has been established, may use Factor Based calculation for 2 years.
4. Complete the IHDA Utility Allowance Summary and submit with back up documentation.

## Option 2

1. Must have 12 months of consecutive utility usage per unit.
2. The sample is 10% of the units per bedroom size or a minimum of 8 units per bedroom size, whichever is greater.
  - a) All numbers have to be legible with a total.
  - b) b) If using gas and electric they must
  - c) be for the same unit and the same time period.
3. Complete the IHDA Utility Allowance Summary and submit with back up documentation.

## Option 3

PHA Utility Allowance: Circle the appropriate amounts per bedroom size and total them. If PHA schedule includes utility surcharges or Gas Fixed Charge, clarify if tenant is paying surcharge and include in total, if applicable. Can only for HOME/NHTF if funding was committed prior to 8/23/2013.

**Utility Allowance Schedule**  
See Public Reporting and Instructions on back.

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing

OMB Approval No. 2577-0169  
exp. 04/30/2026

The following allowances are used to determine the total cost of tenant-furnished utilities and appliances.

Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas						
	Bottled Gas						
	Electric						
	Electric - Heat Pump						
	Fuel Oil						
Cooking	Natural Gas						
	Bottled Gas						
	Electric						
	Other						
Other Electric							
Air Conditioning							
Water Heating	Natural Gas						
	Bottled Gas						
Water	Electric						
	Electric - Heat Pump						
	Fuel Oil						
Sewer							
Trash Collection							
Other - specify							
Range/Microwave							
Refrigerator							

HUD PHA  
Schedule  
example

Ensure that all  
applicable  
amounts are  
circled or  
highlighted

Three options for  
supporting Utility  
Allowance back-up  
documentation

IHDA Utility  
Allowance  
Summary Sheet  
(can be found on  
IHDA's website)

UTILITY ALLOWANCE SUMMARY SHEET

Dev Name:

PID:

UA Dates:

TO

Bdrm Size:

0 Bdrm

# Months Used:

12

# Units Used:

1

UNIT AVERAGE TOTAL=

\$0.00

UTILITY ALLOWANCE FOR

0 Bdrm

=

\$0.00

# of Units	# Months	Unit #	Avg. Unit Amount	Unit Total	1st Month	2nd Month	3rd Month	4th Month	5th Month	6th Month	7th Month	8th Month	9th Month	10th Month	11th Month	12th Month
1	12		0.00	0.00												
2	12		0.00	0.00												
3	12		0.00	0.00												
4	12		0.00	0.00												
5	12		0.00	0.00												
6	12		0.00	0.00												
7	12		0.00	0.00												
8	12		0.00	0.00												
9	12		0.00	0.00												
10	12		0.00	0.00												
11	12		0.00	0.00												
12	12		0.00	0.00												
13	12		0.00													
14	12		0.00													
15	12		0.00													
16	12		0.00													
17	12		0.00													
18	12		0.00													
19	12		0.00													

<https://www.ihda.org/rental-housing-main/property-managers/#toggle-id-11>

<https://www.ihda.org/rental-housing-main/property-managers/#toggle-id-11>

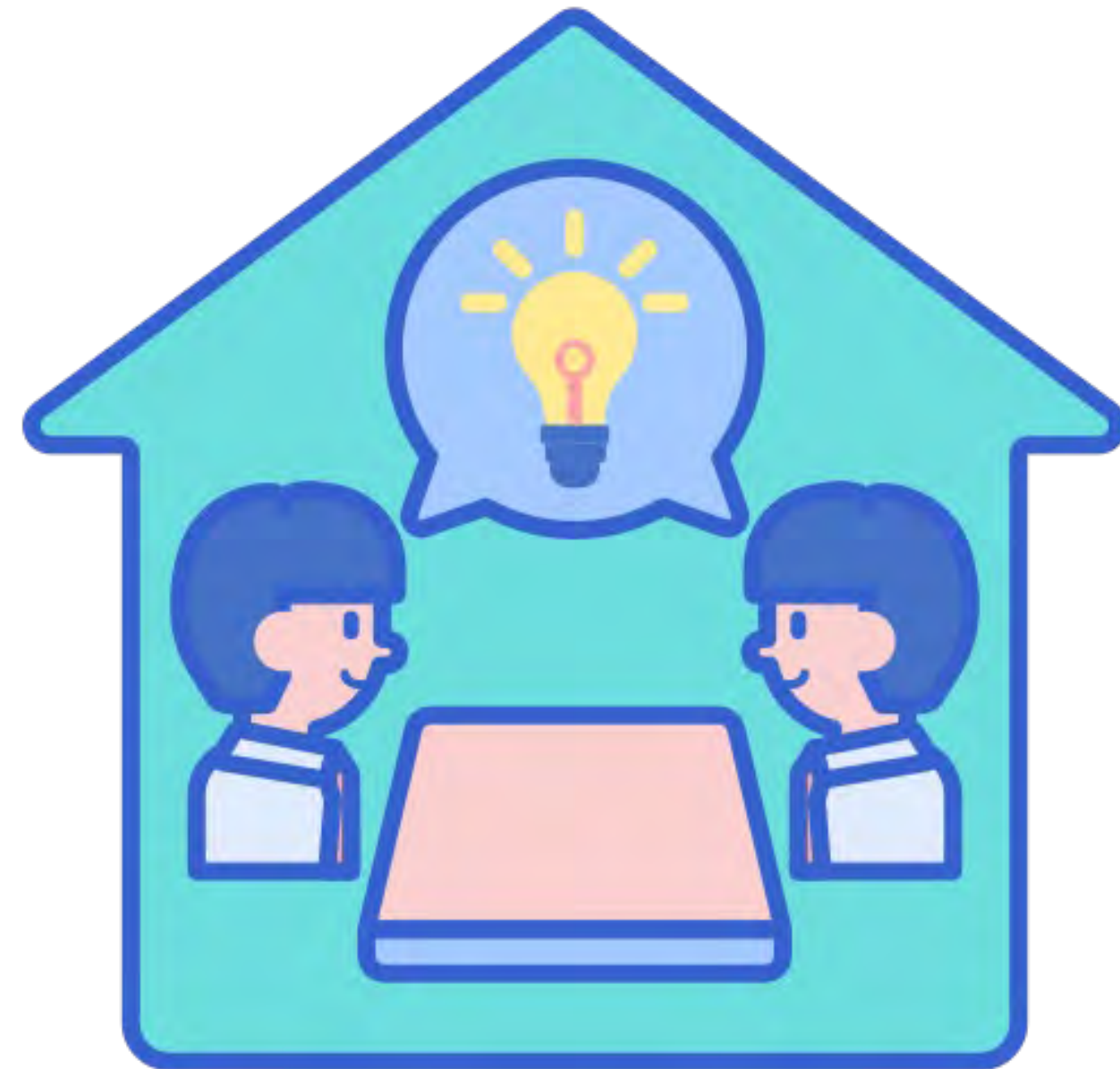


# Break - Out Session



## Instructions:

1. Break off into small groups of 3-4 people.
2. Complete a Consolidated Certificate of Compliance based off the information from the samples of Regulatory Agreements and Extended Use Agreement on the next slide.





# Break - Out Session

For the next 5 - 10 minutes, complete the Consolidated Certificate of Compliance based on the Regulatory Agreement information provided below:

**HOME Regulatory Agreement**  
(note: Very-Low Income = 50% AMI)

a. The Development contains and shall, at all times during the term hereof, contain (i) six (6) Units which shall be leased to 30% AMI Low-Income Families (as defined in Paragraph 10.d hereof), (ii) eighteen (18) Units which shall be leased to 40% AMI Low-Income Families (as defined in Paragraph 10.e hereof), (iii) forty-six (46) Units which shall be leased to Very Low-Income Families (as defined in Paragraph 10.f hereof) and (iv) ten (10) Units which shall be leased to 60% AMI Low-Income Families (as defined in Paragraph 10.g hereof) (collectively, the "HOME Program Units").

c. At least twenty-six (26) Units (the "Risk Share Units" or "Affordable Units") shall be occupied by tenants whose family income is sixty percent (60%) or less of the median income of the Chicago metropolitan statistical area of Lake County, with adjustments for household size ("Median Income"), as such adjusted income and median income for the area are determined from time to time by the United States Department of Housing and Urban Development for purposes of Section 8 of the United States Housing Act of 1937. Additionally, Borrower covenants that throughout the term of this Agreement, the Borrower will use reasonable efforts to obtain and will accept any locally, state or federal administered programs which are aimed at providing rental assistance, including but not limited to, the Housing Choice Voucher program.

**Credit Advantage Regulatory Agreement**

a. At least forty percent (40%) of the Units shall be occupied by Tenants whose family income is sixty percent (60%) or less of the median income of the Chicago metropolitan statistical area of Lake County, adjusted for family size, as such adjusted income and median income for the area are determined from time to time by the United States Department of Housing and Urban Development for purposes of Section 8 of the United States Housing Act of 1937.

**CDT Regulatory Agreement**  
(note: there are 117 units in the project)

Project Unit Count: 105/117 (Number of Low Income Units/ Total Number of Units in the Project)  
Minimum Low Income Set-Aside Election: At least 40% of the units in the Project must be occupied by Tenants at or below 60% of Area Median Gross Income and Rent-Restricted in accordance with such income level.

**Extended Use Agreement**

**APPENDIX A**  
**ADDITIONAL USE RESTRICTIONS**  
(Check each item which applies.)

1. ☒ **Additional Occupancy and Rent Restrictions/Lowest Income Tenant Election**  
At least twenty percent (20%) or more of the Units in the Project must be Rent Restricted and occupied by Qualifying Tenants at or below forty percent (40%) of Area Median Gross Income, and at least five percent (5%) of the Units in the Project just be further Rent Restricted and occupied by Qualifying Tenants at or below thirty percent (30%) of Area Median Gross Income.

☒ **HOME - Funded Project**  
Forty percent (40%) of the Units in the Project must be Rent Restricted and occupied by Qualifying Tenants at or below fifty percent (50%) of the Area Median Gross Income. Additional Occupancy and Rent Restrictions as referenced above (if applicable) may count toward meeting this requirement.



# Break - Out Session: Review

## COC



PROGRAM	AMI									
	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
1602										
ADMIN										
AMBAC										
BIBP										
CAHGP										
CDBG										
CDT				47						
CREDIT ADVANTAGE				26						
FAF										
FFB										
HJIIP										
HTF										
IAHTC										
LIHTC				34	47	18	6			
LTOS										
ML										
MPP (Preservation)										
NHTF										
NSP										
RS										
SECTION 811 PRA										
SRN										
SRO										
TCAP										
TEB										
TFB										
TF formerly HOME										

### SECTION C: INCOME & RENT LIMITATIONS IHDA HOME-FUNDED PROPERTIES ONLY

- ☐ Check here if project is not funded with IHDA HOME, this section is not applicable.
- ☒ Check here if project is funded with IHDA HOME, proceed to complete the below section, and complete and attach the TST-2 to your submission.

The undersigned does hereby certify that during the preceding calendar year 2024, the above referenced development was continually in compliance with the IHDA HOME-specific requirements contained in the provisions of that certain Regulatory and Land Use Restriction Agreement (the "Regulatory Agreement") between the undersigned and the Illinois Housing Development Authority (the "Authority").

Please populate the table below to reflect an accurate breakdown of the development's unit allocations as of December 31, 2024.

	Number of Units
Total HOME Units	80
Low HOME	70
High HOME	10





# QUESTIONS?





# Our Contact Information



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# We Appreciate Your Feedback



Owner & Agent Training - People  
& Process: Behind the Scenes

