

The Illinois Rental Housing Support Program (RHS)

PROGRAM GUIDE

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

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GLOSSARY OF TERMS

Agency	The Illinois Housing Development Authority or a Municipality.
Allocation	An award of funds from the RHS Program to a LAA or a Developer.
Annual Adjustment Factor	The figure published annually by HUD to determine rent increases for purposes of Section 8 of the United States Housing Act of 1937 (42 USC 1437).
Annual Income	All amounts, monetary or not, received or anticipated to be received, from a source outside the Household, by or on behalf of, the head, spouse or co-head of the Household, or any other Household member over the age of 18, during the 12-month period following admission or the date of the most recent recertification of the Household income. There is no asset limitation for participation in the Rental Housing Support Program. However, the definition of annual income includes net income from assets. The determination of Annual Income shall be made as provided in the HUD regulations governing Section 8 of the United States Housing Act of 1937 (42 USC 1437), 24 CFR 5.609(b) and (c) (2006), provided that imputed income (as described in 24 CFR 5.609(b)(3)) from the Household's assets shall not be included. Examples and instructions for the application of these requirements shall be included in the applicable Agency's Program Guide.
Annual Receipts	Means revenue derived from the Rental Housing Support Program State surcharge from July 1 to June 30 on deposit in the Rental Housing Support Program Fund that are appropriated each year for distribution by the Authority for the Program.
Applicant	An entity or an individual (as a Developer) making an Application for the RHS Program or the LTOS Program.
Application	The application form and attachments that an Applicant must submit when applying for the RHS Program.
Area Median Income	The median income of the area in which the Unit is located, adjusted for family size, as such adjusted income and median income for the area are determined from time to time by HUD for purposes of Section 8 of the United States Housing Act of 1937 (42 USC 1437).
Authority	The Illinois Housing Development Authority, the RHS program administrator.
Commitment	A contract executed by IHDA and a LAA or a Developer under which IHDA agrees to provide an Allocation. Each Commitment shall contain a provision to the effect that the Agency shall not be obligated to provide funds under the Commitment if the Agency has not received adequate funds from the Annual Receipts or a Fund Distribution, as applicable.
Coordinating Local Administering Agency	A local administering agency that provides technical and administrative assistance to localities that do not possess the capacity to administer an Allocation.

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Developer	The owner of a Project that has applied for or has been approved for funding under the LTOS Program.
Extremely Low-Income Household	A Household whose Annual Income is less than or equal to 30% of the Area Median Income.
Fiscal Year	The fiscal year of the State.
Fund Distribution	A distribution of funds from the Annual Receipts for a Fiscal Year to a Geographic Area.
Geographic Areas	The City of Chicago, Suburban Areas, Small Metropolitan Areas, and Rural Areas.
Household	A single person, family or unrelated persons living together.
Housing Quality Standards	Inspection standards for Units based on federal Section 8 standards.
HUD	The U.S. Department of Housing and Urban Development.
IDOC	Illinois Department of Corrections.
IHDA	Illinois Housing Development Authority, the RHS program administrator.
Income Range	A range of incomes published from time to time by IHDA that is used to determine the Tenant Contribution for Tenants.
Landlord	An owner of one or more Units receiving or approved to receive Rental Assistance through a LAA. A LAA or subsidiary of a LAA may be a Landlord; provided, however, that the LAA must disclose its intention to be a Landlord, or appoint a subsidiary to be a Landlord, in its Application.
LAA	A local administering agency meeting the eligibility requirements set forth in Sec. 380.402 of this Part and designated by an Agency that receives an Allocation to provide Rental Assistance.
LTOS Program	The long-term operating support program established under the RHS Program, to be used exclusively to provide long-term operating support to Developers of Projects that provide Units newly available to Extremely Low-Income Households and Severely Low-Income Households.
Maximum Rent	The maximum rent for a Unit, which shall be the greater of the maximum rent established under the federal Low Income Housing Tax Credit Program for a unit rented by a tenant with an annual income less than or equal to 60% of the Area Median Income, and (ii) 120% of HUD's fair market rent for the area in which the Unit is located.
Median Income	The Median Income of the area in which the Unit is located, adjusted for family size, as the adjusted income and Median Income for the area are determined from time to time by HUD for purposes of Section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437).
Municipality	A municipality with a population greater than 2,000,000.
Municipality Program Guide	The guidelines published by a Municipality for funding made by such municipality under the RHS Program. Each Municipality Program Guide shall explain the RHS Program and provide additional information about various RHS Program requirements.

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Permanent Supportive Housing	A Project with a preference or restriction for people who need supportive services to access and maintain affordable housing, are experiencing or at risk of homelessness, are living with disabilities, and/or are experiencing or at risk of institutionalization. The housing should be permanent (not time-limited, not transitional), affordable (typically rent-subsidized or otherwise targeted to the extremely low-income who make 30% of the area's median income or below), and independent (tenant holds the lease with normal rights and responsibilities). Services should be flexible (responsive to tenants' needs and desires), voluntary (participation is not a condition of tenancy), and sustainable (focus of services is on maintaining housing stability and good health).
Plan for Services	The plan through which each prospective LAA will provide information to Tenants on how to gain access to education, training, and other supportive services and that sets forth the procedures for identifying and referring prospective Tenants to Landlords. LAAs designated by a Municipality shall prepare a Plan for Services, and if a Municipality does not designate a LAA, the Municipality shall prepare a Plan for Services.
Program Guide	The guidelines published by IHDA explaining the RHS Program and providing additional information about various RHS Program requirements.
Project	A building or group of buildings that are financed under a common plan of financing.
Reconciliation	The determination of the difference between the amounts of Rental Assistance payments made to Landlords or Developers and the amount of Rental Assistance payments the Landlords or the Developers were entitled to receive.
Rental Assistance	The amount paid to a Landlord or a Developer as a subsidy for a Unit approved for assistance under the RHS Program.
Rental Assistance Rider	The rider to be attached to each Tenant's lease that describes the RHS Program, requires the Tenant to provide a certification of its Annual Income, notifies the Tenant that the Tenant must report changes in its Annual Income to the LAA or Developer, as applicable, when they occur and on each occasion that the Tenant's lease is to be renewed, informs the Tenant that increases in Annual Income may result in an increase in the Tenant Contribution and sets forth the amount of the Tenant Contribution. The Rental Assistance Rider shall be included in the Program Guide or the Municipality's Program Guide, as applicable.
Rent Burdened Households	Households with annual income of less than 50% of State Median Income for a household of four and paying more than 30% of their income for rent.
Reserve Fund	The fund established either by the Authority or by a Municipality directly or through its LAA to provide a source of funds in the event that the Annual Receipts are not sufficient to provide adequate funding for existing Commitments.
RFP	A request for proposals by IHDA soliciting Applications from LAAs or Developers.
RHS Program Act	The Rental Housing Support Program Act (310 ILCS 105).
RHS Program	The Rental Housing Support Program authorized by the RHS Program Act.
Rural Area	All areas of the State not specifically included in any other Geographic Area.
Service Area	The geographic boundaries of the area to be served by a LAA.

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Severely Low-Income Household	A Household whose Annual Income is less than or equal to 15% of the Area Median Income.
Small Metropolitan Areas	The Geographic Areas that include the municipalities of Bloomington-Normal, Champaign-Urbana, Decatur, DeKalb, Moline, Pekin, Peoria, Rantoul, Rockford, Rock Island, Springfield, and the counties of Madison and St. Clair.
Special Needs Households	Households that are homeless or imminently at risk of becoming homeless; that are now or imminently at risk of living in institutional settings because of the unavailability of suitable housing; or that have one or more members with disabilities, including but not limited to physical disabilities, developmental disabilities, mental illness or HIV/AIDS.
Suburban Areas	The Geographic Areas that include the counties of Cook (excluding Chicago), DuPage, Kane, Lake, McHenry, and Will.
State	The State of Illinois.
State Median Income	The State median income published by the U.S. Census Bureau in the most current decennial census.
Tenant	A Household occupying a Unit.
Tenant Bill of Rights	Information LAAs and Developers are required to provide to Tenants concerning how to contact the LAA; local landlord-tenant laws and procedures; the housing rights of persons with disabilities; how to contact the local agency or agencies administering local landlord-tenant laws and procedures or protecting or promoting such housing rights of persons with disabilities; eligibility requirements for participating in the RHS Program; and the rights and responsibilities of prospective Tenants prior to occupancy of a Unit.
Tenant Contribution	The portion of the monthly rent for a Unit to be paid by the Tenant, which shall be one twelfth of approximately 30% of the median of the Income Range in which the Tenant's Annual Income falls, adjusted for Unit size.
Tenant Income Certification	The form prescribed by IHDA and to be used by Landlords and Developers in determining and reporting a Tenant's Annual Income to a LAA or IHDA, as applicable.
Tenant Selection Plan	The written plan prepared by a Landlord or a Developer and approved by the LAA or IHDA, as applicable, which governs the selection of Tenants for a Unit or a Project.
Transitional Contribution	The Tenant Contribution for Tenants whose income has exceeded the income limit for Extremely Low-Income Households. The amount of the contribution shall vary, depending on the amount by which the Tenant's income exceeds the income limit. The Authority shall publish a schedule setting forth the specific formula for determining the Transitional Contribution, and shall adjust the schedule periodically, as it deems appropriate.
Unit	A rental housing unit receiving Rental Assistance through an Allocation. A Unit may be a single-family dwelling or an efficiency apartment, a single room occupancy unit, or a one bedroom or larger unit in a multifamily dwelling. Housing units intended as transitional or temporary housing, with a lease of less than twelve months do not qualify as Units.

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Introduction

A combination of low wages and limited availability of affordable rental housing units require many families and households throughout the State of Illinois to pay a disproportionate share of their income for basic housing. Simultaneously, there are households in the state that face additional difficulty in finding affordable housing due to disabilities or special needs of family members. In order to address this pressing need, the Illinois General Assembly passed P.A. 094-0118, the Rental Housing Support Program Act (the “Act”). The Rental Housing Support Program (“RHS Program”) promotes permanent housing through the funding of rent subsidies for these “rent burdened” extremely and severely low-income households. Funding for rental assistance was identified as a significant need under the 2005 *“Building for Success: Illinois’s Comprehensive Affordable Housing Plan.”*

Funding under the RHS Program will be guided by the information provided in the Rental Housing Support Program statute PA 094-0118, adopted program rules 47 Ill. Admin code 380, this Program Guide, and Rental Housing Support Program Request for Proposal (RFP), with Application forms and instructions. The Program Guide and Request for Proposal and Application may be updated as needed by the Illinois Housing Development Authority.

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Program Purpose and Description

1. The RHS Program is designed to provide subsidies to reduce the cost of renting for eligible households.
2. Eligible households under the program are those with incomes at or below 30% of the Area Median Income (“Extremely Low-Income Household”) for the area, with at least 50% of the assistance targeted to benefit households at or below 15% of the Area Median Income (“Severely Low-Income Household”).
3. Tenant participants will be required to pay a monthly Tenant Contribution as outlined in the Rental Housing Support Program Tenant Contribution Schedule (**Attachment 1 - RHS Tenant Contribution Schedule**).
4. The RHS Program is a “unit-based” subsidy generally supported by an agreement between a Local Administering Agency (“LAA”) and an approved project owner (“Landlord”), willing to make the unit available to eligible tenants.
5. LAAs will be selected for participation in the Statewide RHS Program (outside the City of Chicago) based on responses under a competitive Requests for Proposals (“RFP”).
6. A municipality within the state with a population greater than 2,000,000, which based on the U.S. Census data from 2020, defines solely the City of Chicago, is authorized to designate a LAA for operation of the RHS Program within the City limits. The City of Chicago RHS Program will be subject to the rules adopted for the Statewide RHS Program, and the Municipality Program Guide. The City of Chicago, Department of Housing and Economic Development is responsible for ensuring that program guidelines for operation of and participation in the Rental Housing Support Program within the City of Chicago are developed.
7. Portions of the funding under the RHS Program will be available annually under the Long-Term Operating Support (“LTOS”) Program to provide long-term (up to 15 years) rental assistance to owners of newly available affordable housing units. LTOS awardees will be selected either competitively through a RFP or in conjunction with another Authority multifamily financing program. At the conclusion of funding, developers may apply for a second 15-year term if funding is available.
8. RHS Program funding is not permitted to be used to supplement or supplant other rental assistance such as Section 8 or Housing Choice Voucher Programs, for funding of the same unit or tenant.

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General Program Administration

1. Administration of the program will be performed by various staff to ensure proper checks & balances are in place. The separation of roles & duties can be found as per **Exhibit 1 – Staff Position Summaries**
2. IHDA will provide funding for the Statewide RHS Program by executing a Conditional Commitment Letter and a Funding Agreement, with a term up to three years with a LAA.
3. These multi-year agreements between IHDA and the LAA will be funded for the term of the agreement from Annual Receipts, subject to availability of funds. Payments under the agreement will be made to the LAA quarterly in advance for occupied units only. Funding of the commitment under the multi-year agreement will be subject to review for compliance during the term of the contract.
4. LAAs may be eligible to receive a renewal of their agreement after the initial agreement term. Renewals may be granted subject to satisfactory performance under the agreement, RHS Program parameters at the time of renewal, and availability of funding.
5. Funding for the RHS Program, is based on collection of the \$20 real estate recorded document fee. Funding for new LAA participants will be available in subsequent years based on availability of funding to support new units, and will be awarded competitively under an RFP.

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Fund Allocations

1. Resources collected and appropriated under the RHS Program will be allocated for program use in Geographic Areas around the state based on that Geographic Area's proportionate share of Rent Burdened Households.
2. Calculations for the fund allocation formula are based on U.S. Census decennial data, beginning with data for the year 2020. Changes in the fund allocation will be made based on release and availability of subsequent U.S. Census decennial data.
3. The authorized Geographic Areas are:
 - a. City of Chicago,
 - b. **Suburban Areas**; including Cook County (excluding City of Chicago), DuPage County, Lake County, Kane County, Will County, and McHenry County,
 - c. **Small Metropolitan Areas**; including Bloomington-Normal, Champaign-Urbana, Decatur, DeKalb, Madison County, Moline, Pekin, Rantoul, Rockford, Rock Island, Peoria, Springfield, and St. Clair County,
 - d. **Rural Areas**; including all other areas of the State not covered by another Geographic Area.
4. The Act requires IHDA to transfer a proportionate share of the annual Program Receipts to the City of Chicago to operate the RHS Program within that municipality.
5. The Act requires IHDA to establish a Reserve Account and draw down an amount up to 5% of each year's Program Receipts, after allocation of RHS Program funding to the City of Chicago, to provide funding to address fluctuations in Program Receipts, and to ensure consistent availability of funding for future years of the Statewide RHS Program.
6. The Act requires a minimum of 10% of the annual Program Receipts, after the allocation to the City of Chicago and to the Reserve Account, will be allocated to the Long-Term Operating Support Program (LTOS).

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Local Administering Agency (“LAA”) Eligibility

1. LAAs under the Statewide RHS Program may be local governmental bodies, including municipalities, counties, and townships in unincorporated areas of the State; local housing authorities organized under the Illinois Housing Authorities Act (310 ILCS 10); or not-for-profit organizations organized under the General Not-For-Profit Corporation Act of 1986, as amended (805 ILCS 105/) registered and in good standing with the Illinois Secretary of State and the Illinois Attorney General.
2. LAAs will be required to demonstrate experience, capacity, and knowledge of procedures to:
 - a. Manage a rental assistance program in the designated Service Area,
 - b. Review and verify income of household applicants and Tenants,
 - c. Inspect and verify housing quality standards of Units,
 - d. Establish an outreach plan through relationships with Landlords, service providers, Public Housing Authorities, and referral agencies to meet housing needs of Severely and Extremely Low-Income households and Special Needs populations,
 - e. Demonstrate fiscal and organizational viability to assume the program and required fiduciary responsibility, including timely and accurate payments to participating Landlords.
3. The Authority may award additional Allocations to a Coordinating Local Administering Agency that provides technical and administrative assistance to localities that do not possess the capacity to administer an Allocation.
 - a. In such cases, if selected, all entities will be required to present qualifications, clearly define responsibilities of the entities, and demonstrate legal jurisdiction of the entities to operate in Geographic Areas presented. Partner entities may be required to execute contract documents, and will be jointly responsible for compliance with the terms of the RHS Program.
 - b. In addition to meeting all LAA requirements, applications submitted amongst several eligible entities will submit procedures for assuring equitable distribution of resources to cover the Geographic Area designated.
 - c. The LAA may contract with local and regional agencies to share administrative tasks, upon receiving IHDA approval.

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Properties and Units Eligible under the RHS Program.

1. The types of units eligible under the RHS Program include: efficiency, one, two, three, and four bedroom housing units. Single room occupancy units are also eligible for funding under the RHS Program. Housing units intended as transitional or temporary housing, with a lease of less than 12 months, do not qualify as Units.
2. For buildings containing more than 10 Units, the number of Units proposed to receive Rental Assistance from the RHS Program shall not exceed 30% of the Units in the building. For buildings containing 10 Units or fewer, there shall be no restriction on the number of Units proposed to receive Rental Assistance from the RHS Program.
3. For buildings containing 20 or more Permanent Supportive Housing Units, up to 100% of the building may be subsidized under RHS.
4. All Units approved for participation in the RHS Program must meet HUD Section 8 Housing Quality Standards and address lead-based paint certification requirements.
 - a. **Attachment 2 – HQS Property Standards**
 - i. **Exhibit 2 – HQS Physical Inspection Form – Full**
 - ii. **Exhibit 3 – HQS Physical Inspection Form – Walk-Thru**
 - iii. **Exhibit 4 – Lead Based Paint Certification Form**
5. Units receiving rental assistance under an existing federal or local rental assistance program are not eligible to be assisted under the RHS Program.
6. Existing tenants in proposed units cannot be displaced by the program and no relocation assistance is available under any circumstances.

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Request for Proposal and Selection (RFP)

1. LAAs have been awarded RHS Program grants in response to a Statewide RFP that was based on qualifications and eligibility of the applicant entity(s), quality of proposals to meet the program purposes, and funding availability.
 - a. Pending funding availability, IHDA may make available an RFP for funding under the RHS Program in subsequent years of the program. Previously funded LAAs, with a satisfactory performance record may apply under a subsequent RFP. In addition to program established eligibility criteria, any future RFP will seek to award RHS Program resources to Service Areas not previously covered by the RHS Program agreements currently in place.
 - b. IHDA will provide training and technical assistance on program criteria to help prepare applicants for completing the RFP. Training materials will be available on IHDA's website and training workshops will be held periodically around the State and/or virtually where applicable.
 - c. Applicants may be required to submit a \$500 application fee for consideration for funding under the RHS Program. Applicants submitting multiple applications to cover more than one Geographic Area will only be required to submit one application fee.
 - d. Amounts requested under the application from a LAA may be limited to funding available for each Geographic Area under the RFP. The RFP will not establish any application minimum. IHDA reserves the right to adjust amounts requested by an applicant based on funding availability, and to assure successful implementation of the RHS Program statewide.
2. Application Evaluation Criteria
 - a. Demonstrated experience operating or managing a rental assistance program, including review and verification of household income,
 - b. Legal jurisdiction to operate the RHS Program in the designated Service Area
 - c. Expertise to inspect and verify housing quality standards of Units,
 - d. Level of commitment and expertise to implement an outreach plan through relationships with Landlords, service providers, and referral agencies to meet housing needs of Severely and Extremely Low-Income households and Special Needs populations,
 - e. Demonstrate fiscal and organizational viability to assume the program and fiduciary responsibilities, including timely and accurate payments to participating Landlords, and
 - f. Capacity to implement the RHS Program in a timely and efficient manner. Preference may be given to qualified applicants demonstrating readiness to proceed.
3. Preferences for Tenants with Special Needs
 - a. Under the RFP, preference will be given to applicants that pledge and demonstrate a viable outreach plan to Units benefiting Special Needs Households.
4. Documents and Information Required for Submission under the RFP
 - a. Applicants will be required to submit the following information via the RHS Application:

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- b. Identification and qualifications of the entity making application, and all partner entities intending to participate or provide services under the RHS Program.
- c. Identification of the Geographic Area and the Service Area to be served under the application, and evidence of jurisdictional authority to provide services in the areas designated. Also, documentation showing board or governing body's approval to participate in the RHS program.
- d. Identification of the amount of funding requested, and information regarding possible Landlords, Properties, Units and Tenants. To indicate readiness to proceed, specific detail about the proposed program must be provided. Please refer to **Attachment 3 – Application Mandatory and Readiness Chart** for specific application submission requirements. This could include: Landlords and building addresses, number and type of Units, including bedroom size, accessibility of such Units for persons with physical disabilities, a schedule of rents for Units anticipated to be included in the program, proposed pre-qualified tenants, and other similar information. (**Exhibit 5 – Landlord Contact and Program Information Form**)
- e. Unit mix submitted by each applicant must specifically include a combination of one-, two-, three- and four-bedroom units, based on demonstrated need and availability in the community. If a combination of all unit sizes is not included, documentation must be provided to show why these unit sizes will not be part of the unit mix. For example, if only two- and four-bedroom units are included, you must address why one- and three-bedroom units are not.
 - i. Single room occupancy, and studio units are also eligible for funding under the RHS Program.
 - ii. For buildings containing more than ten (10) Units, the number of Units proposed to receive Rental Assistance for RHS shall not exceed 30% of the Units in the building. For buildings containing ten Units or less, there shall be no restriction on the number of Units proposed to receive Rental Assistance for RHS.
 - iii. For buildings containing twenty or more Permanent Supportive Housing Units, the number of Units proposed to receive Rental Assistance for RHS shall be 100% of the Units in the building. Units receiving rental assistance under an existing federal or local rental assistance program are not eligible to be assisted under the RHS Program.
 - iv. LAAs will include information regarding the current occupancy of units proposed under the application. If occupied, existing tenants not eligible for the RHS Program may not be relocated, and the unit will not be eligible for participation under the Program.
- f. Documentation supporting proposed rent levels for program units under the RHS Program (**Refer to Section 8 for details**)

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- g. An Outreach Plan designed to achieve broad community access to the RHS Program.
(Refer to Section 7f for details)
 - h. Projected costs for program implementation and operations of the RHS Program by the applicant.
5. Selecting Landlords to Participate in the RHS Program.
- a. Applicants will document the process utilized to identify and select Landlords for participation in the RHS Program. The process shall include outreach and assessment of the Units and capacity of the Landlord to meet the requirements under the RHS Program.
 - i. Letters from Landlords evidencing intent to participate in the program will assist in indicating the applicant’s readiness to proceed under the RHS Program.
 - ii. Preference may be given to qualified applicants that can demonstrate readiness to proceed.
 - b. LAAs may propose Units for inclusion in the RHS Program that are owned directly, or by an entity that is a fully or partially owned subsidiary of the LAA, only if the LAA provides for an independent third party able to perform certain required monitoring functions such as project inspections and funding reconciliations.
 - i. Approval for funding of related parties will be at the discretion of IHDA.
6. Outreach Plan
- a. The applicant, as part of the application will:
 - i. Outline procedures for advertising available Units and contacting referral organizations for identifying and referring prospective tenants to Landlords for broad community participation in the RHS Program.
 - ii. Submit evidence of organizational relationships and capacity to achieve preference targeting of Units for Special Needs Households, identified accessible Units for persons with physical disabilities, and procedures to assure compliance with the stated targeting strategy.
 - iii. Exhibit 6 – Outreach Plan (model)**
7. Plan for Services
- a. Develop a detailed Plan for Services, which shall include information for RHS Program Tenants on how to gain access to education, training and support services.
 - i. The Plan for Services shall outline procedures the LAA shall follow to advertise available Units, and for identifying and referring prospective tenants to Landlords for participation in the RHS Program.
8. Qualifications to Serve a Geographic Area
- a. The applicant will apply for funding in a designated Geographic Area
 - i. The applicant will identify in the application the specific Geographic Area it proposes to serve under the RHS Program, and evidence of legal jurisdiction (or no restrictions) to administer the RHS Program the designated area.

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- ii. An applicant, representing a municipality that overlaps more than one Geographic Area, will apply in the Geographic Area in which the majority of its population is located.

9. Procedures and Operations

- a. The applicant will provide written details of processes and operating procedures for:
 - i. Conducting Housing Quality Standards inspections of RHS Program Units,
 - ii. Processing quarterly rental payments to Landlords,
 - iii. Demonstrating compliance with program guidelines and rules,
 - iv. Resolving disputes and noncompliance issues with Tenants and Landlords,
 - v. Reviewing of tenant income certifications,
 - vi. Conducting financial reconciliations of Rental Assistance payments with Landlords and with IHDA,
 - vii. Completing other required monitoring and record keeping under the RHS Program.

10. Program Operating Expenses

- a. Approved LAAs will be eligible to receive funding to cover program operating expenses of the RHS Program, up to 10% of RHS Program grants with annual contract amounts up to \$500,000, or up to 7% of RHS Program grants with annual contract amounts over \$500,000.
- b. Program operating expenses may include, but are not limited to:
 - i. Staff salaries and benefits of LAA employees or contractors for time spent performing duties associated with the RHS Program including inspections,
 - ii. Tenant referrals and determination of tenant eligibility,
 - iii. Negotiation with prospective Landlords regarding participation in the RHS Program,
 - iv. Technical assistance,
 - v. Auditing and bookkeeping expenses,
 - vi. LAAs use of equipment in operating the RHS Program (such as cars, copiers, paper used in preparing required documentation, etc.), and
 - vii. Costs for office space and utilities incurred in operating under the RHS Program
- c. An applicant will provide detailed estimates of projected operating costs of program implementation as part of the RFP submission.
- d. Program operating expenses will be paid annually to LAAs. Subsequent payments for RHS Program operating expenses will be made based on satisfactory reporting of activities by the LAA under the RHS Program.

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Setting RHS Rents and Maximum Rents

1. The Applicant will submit proposed rents for RHS Units organized by Landlord and bedroom size. Applicant will also submit at least three rent comparables for each bedroom size (**Exhibit 7 – Market Rent Analysis Form**) and any other appropriate documentation to support the proposed rents. To show readiness, the applicant can base comparables on actual proposed program units. Supporting documentation must be specific for each distinct market area within which RHS Units are proposed. The proposed Unit rents are to have been negotiated between the LAA and the Landlord.
 - a. The comparable unit comparison will include, at a minimum, details regarding the comparable project’s location, square footage of units and amenities for both the project and the units. Information regarding which utilities are included and not included in the proposed and comparable rents and an estimate of utility cost must also be included in the comparison analysis.
 - b. IHDA will publish Maximum Rent Guidelines for the RHS Program to assure reasonable and efficient use of resources. Maximum Rent Guidelines will be based on the greater of the rents set under the federal Low Income Housing Tax Credit Program for households at 60% Area Median Income or 120% of Fair Market Rents (as published by HUD for the Section 8 program) for a particular locale and bedroom size. (**Attachment 4 - 2025-RHS-Income-and-Rent-Limit**)
 - c. If the rent of a Unit proposed by the LAA exceeds the Maximum Rent Guidelines as published by IHDA, the applicant will be required to submit at least two additional rent comparisons, and a detailed market analysis. These documents must demonstrate the unavailability of rents under the published maximums in the market area and support the need for the proposed rents.
 - i. Proposed Unit rents must be approved by IHDA and will be subject to a final negotiation at the time of signing the Commitment. Approval of rents exceeding the published Maximum Rent Guidelines will be made on a case-by-case basis.
2. While not encouraged, during the term of a multi-year agreement, a LAA may request for approval by IHDA, a rent increase for a Unit, not to exceed the existing rent multiplied by the current Annual Adjustment Factor, as published by the U.S. Department of Housing and Urban Development for the Section 8 Program.
 - a. Requests for rent increases must be submitted to IHDA in writing by the LAA, documentation supporting the need for increase and evidence of extraordinary increased costs incurred by the Landlord in operation of the Unit. Standard increases to rents for housing units in the marketplace will not be replicated under the RHS Program.
 - b. Approvals of rent increases are subject to the discretion of IHDA and funding availability under the RHS Program.

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- c. Approved rent increases will be documented by a Gross Rent Change TIC submission executed by the Landlord and the LAA.
- d. Approved rent increases shall not change the amount of the Tenant Contribution currently being charged.

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Tenant Eligibility for RHS Program Assistance

1. Rent subsidies will be available for Extremely Low-Income Households with gross income at or below 30% of the Area Median Income, with at least 50% of the resources allocated to a LAA to benefit Severely Low-Income tenants with incomes at or below 15% of Area Median Income. If unable to reach the above requirement of serving households at/or below 15% of Area Median Income, the LAA must provide documentation of inability, and identify households above the level, but below the maximum level of 30% of Area Median Income.
2. IHDA will publish Area Median Income figures based on information released annually, by the U.S. Department of Housing and Urban Development. **(Attachment 4 - 2025-RHS-Income-and-Rent-Limit)**
 - a. LAAs providing Rental Assistance in a Metropolitan Statistical Area (MSA) or Primary Metropolitan Statistical Area (PMSA) will utilize the published PMSA income levels. Published County median income levels will be used in determining area income limits for all other areas.
3. Household income eligibility for participation in the RHS Program will be determined prior to initial occupancy and thereafter annually prior to lease renewal, by the Landlord and reviewed by the LAA. **(Exhibit 8 – Tenant Income Certification Form)**
 - a. Household income qualification standards for the RHS Program will generally be based on federal HUD Section 8 guidelines. **(Attachment 5 – Definition of Income and Assets)**
 - i. Income eligibility is based on the annual gross income of all adult persons in the Household. While certain types of income are excluded from the calculation of the Household’s annual gross income for the purpose of determining eligibility under the RHS Program, no adjustments will be made to the annual gross income for items such as minors, seniors, medical expenses, childcare, etc.
 - ii. Annual gross income includes actual income earned from assets of the Household. The RHS Program household income calculation does not include the requirement to “impute” a minimum income on assets of the household.
 - b. Households determined to be eligible under the program, will be required to submit updated income information annually, prior to lease renewal to determine continued eligibility under the RHS program. Increases in income may result in an increase in the amount of the Tenant Contribution due from the tenant and decreases in income can decrease the contribution.
4. Tenants are required to notify the landlord within 15 days if the household’s income increases or decreases. The Landlord will report to the LAA any changes in the Tenant income. If the change in income affects the Tenant Contribution the LAA must conduct an interim recertification at each occurrence if it is expected to be of a permanent duration. If a tenant’s income at the time of the interim certification and/or recertification and lease renewal increases above the current limit for 35% of Area Median Income for the household size in the area can choose from the following:

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- a. Alternatively, the Tenant may remain in the Unit and pay a “Transitional Contribution” for a period of one year which will commence at the time they become over-income. The Transitional Contribution shall equal the Tenant’s Contribution prior to the income increase above 35% of Area Median Income, plus ½ of the previously paid subsidy portion. For example, if the full rent of the unit was \$500, the tenant was paying \$100 and the remaining \$400 was provided as subsidy; the tenant would now pay \$300 with the remaining \$200 provided as subsidy. The Tenant will be issued a new lease, RHSP Rider and TIC which shall reflect the new lease term and payment amount.
 - b. A LAA cannot designate an additional Unit for participation in the RHS Program during the period a Tenant continues participation in the RHS Program under the Transitional Contribution. The LAA must indicate a transitional occurrence on the tenant income certification (“TIC”) when the household becomes over-income.
 - c. Should the household’s income decrease during the transitional period causing them to require subsidy, their annual recertification date will return to their normal certification month. Following the twelve-month period under the Transitional Contribution, the Tenant, at the Tenant’s choice and subject to local tenant landlord rules, will be permitted to remain in the unit at full rent payment, and the LAA can identify another Unit for participation in the RHS program.
5. Tenants receiving rental assistance under an existing federal or local rental assistance program are not eligible to be assisted under the RHS Program.

Landlords are only permitted to request subsidy on units in which there is an existing tenant if no wait list exists with IHDA’s permission. If a waitlist is in place, existing tenants are not eligible to receive subsidy.

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Tenant Responsibilities, Tenant Contribution, and RHS Program Rental Assistance

1. The Tenant Contribution or rent payment will be an amount, calculated and published by IHDA, based on the size of the unit and the Household's annual income. **(Attachment 1 – RHS Tenant Contribution Schedule)**
2. The difference between the approved Unit rent and the Tenant Contribution will be the RHS Program Rental Assistance payment.
3. The Tenant is responsible to pay the Tenant Contribution to the Landlord monthly and on time. Tenant's contributions are the sole responsibility of the tenant.
4. Rental Assistance will be paid to the Landlord by the LAA for Units occupied by eligible tenants.
5. Landlords shall not be paid Rental Assistance for the portion of the rent due from the Tenant.
6. Utility costs may be the responsibility of the Landlord or the Tenant. Utility costs will not be covered under the RHS Program.
7. The Tenant is responsible for complying with conditions established in the Landlord's Lease and the Rental Housing Support Program Lease Rider. **(Exhibit 9 – RHS Program Lease Rider (model))**
8. Additional charges or fees such as security deposits, pet fees, and damages, will not be covered by the RHS program.

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Local Administering Agency (LAA) Responsibilities.

The LAA is responsible for marketing and selection of Landlords and properties participating in the RHS Program. The LAA will enter into agreements with the selected Landlords, and is responsible for monitoring Landlord compliance with all RHS Program requirements. The LAA will also ensure that Landlords can demonstrate that they have a clear title to the property, and are current with the Project's utilities, taxes, and mortgage payments.

1. The LAA is responsible for Project selection under the RHS Program.
 - a. Eligible Units must meet Housing Quality Standards (HQS) established standards for habitability. (**Attachment 2 – HQS Property Standards**)
 - b. All Units receiving assistance under the RHS program must be free from lead based paint hazards. Landlords will need to certify each new Unit entering the Program meets this criteria. (**Exhibit 4 – Lead Based Paint Certification Form**)
 - i. Landlords will certify to the LAA, and to IHDA that they have visually inspected the Unit for lead based paint hazards, and if such hazards have been found, have performed assessment and completed necessary remediation or abatement activities in conformance with federal and state law.
 - ii. For buildings constructed on or after January 1, 1978, Landlords shall certify, that the Unit contains no lead based paint hazards.
 - c. The LAA is encouraged to identify Units for the RHS Program that provide accessibility for tenants with disabilities.
2. The LAA shall be required to view the condition of the Units in the RHS Program at least annually.
 - a. All Units, with associated common areas and grounds, will be inspected for compliance with HQS prior to initial RHS Program tenant occupancy, for any reason, such as a new tenant or a unit transfer, and bi-annually thereafter. (**Exhibit 2 – HQS Property Inspection – Full**)
 - b. In the alternate years, the LAA shall perform a less in-depth inspection of all units known as the Walk-Thru inspection, to visually observe the satisfactory physical condition of the Units. (**Exhibit 3 – HQS Property Inspection – Walk-Thru**)
 - c. If a Unit occupied by an eligible RHS Program Tenant is determined to no longer meet HQS standards, the LAA will inform the Landlord of a maximum thirty day period to bring the Unit into compliance. For serious health and safety issues, the Landlord must bring the Unit into compliance within 72 hours. Failure to meet this standard will cause the RHS Program Rental Assistance to be removed from the Unit and, if applicable, the Project.
 - i. The LAA will make best efforts to find a replacement Unit for the eligible Household living in a Unit that no longer meets the HQS standards.
3. The rent for a Unit will be negotiated between the Landlord and the LAA, and approved by IHDA, prior to initial occupancy by an RHS Program assisted Household under the RHS Program.

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4. The LAA will draft and be responsible for distributing the Tenant Bill of Rights based on guidance provided by IHDA, and assuring delivery of the Tenant Bill of Rights by the Landlord to all Tenants in the RHS Program prior to occupancy. (**Attachment 6 - Tenant Bill of Rights**).
 - a. For all pre-1978 constructed units, the Tenant should also receive a copy of the Lead Paint Hazards pamphlet.
5. The LAA must ensure that availability of assistance under the RHS Program is marketed in the Service Area and outreach is extended to organizations serving the targeted Severely and Extremely Low Income and Special Needs Households, as outlined in the Outreach Plan prepared by the LAA.
6. The LAA will ensure that all Landlords prepare a Tenant Selection Plan. The LAA must review the Tenant Selection Plan and, if applicable, add information relating to administrative duties performed by the LAA (e.g., creating and maintaining the Waiting List). The LAA will forward the finalized TSP to IHDA for approval. (See **Exhibit 10 - Tenant Selection Plan Sample**). This plan must be made available to all applicants and/or household members requesting a copy.
7. The LAA will conduct all move-in, transitional, gross rent change (GRC), annual and interim certifications. This will include verifying the members of the Household and collecting third party verification of the Household's annual income and generating the TIC. Once the Tenant's signatures are obtained and all the required executed information is received from the Landlord i.e. lease, lease rider etc. the information will be sent to IHDA within three (3) business days. All household members 18 years of age and above must sign each document. Not submitting this documentation in a timely manner will affect your Management Review score and may impact your participation in the RHS Program.
8. The Landlord will notify the LAA whenever a change occurs with the Units and Tenants. This includes move-outs, move-ins, and other activities that change the monthly assistance needed. The LAA will forward this information to IHDA within three (3) business days of notification.
9. The LAA will maintain confidentiality of Tenant income and eligibility information.
10. The LAA is responsible for reviewing and resolving disputes between a Tenant, or prospective Tenant, and the Landlord regarding RHS Program eligibility, including review of annual income certifications.
 - a. If the LAA is unable to resolve the dispute, any of the parties involved may appeal to IHDA. Appeals are required to be submitted in writing to IHDA, with all parties submitting relevant documentation.
11. Disputes between a Landlord and Tenant, unrelated to RHS Program eligibility will be resolved under the jurisdiction of local laws for landlord tenant relations.
12. The LAA will also authorize transfers of Units in the event that it is necessary. While this should not occur often, there are some instances where a Unit transfer is required. Some examples of scenarios are: if a tenant is over-income and decides to stay in the unit at market rent or if the Unit does not meet HQS standards. If a Unit transfer is required the Landlord needs to submit **Exhibit**

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11 – Unit Transfer Form to the LAA and IHDA for approval of the Unit transfer prior to the transfer. The transfer may not be completed without an executed copy of the transfer form from IHDA.

13. If the LAA is participating in the Re-Entry program operating under the RHS program, the following additional responsibilities must be followed:

- a. Coordinate with the Illinois Department of Corrections (“IDOC”) staff to request referrals for placement in program units.
 - i. Tenants seeking placement must come from the IDOC waitlist system.
 - ii. LAA’s do not create a waiting list of their own for this program.
- b. Coordinate initial move-in with IDOC, the landlord, and tenant to ensure they are granted access to the unit. In this process, the LAA must also provide the unit with basic furnishings.
- c. Assist IDOC with securing necessary identifying documents for tenants so they are eligible to access services such as LIHEAP, and a cellphone.
- d. Ensure tenants have access to supportive services either directly or through working partnerships with another agency.

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Participating Landlord Responsibilities

1. Landlords will be required to maintain housing quality for all Units and Projects under the RHS Program.
2. Landlords will need to be certified by the LAA, by verifying that they have a clear title for the property, and that they are current with utilities, taxes and mortgage payments.
3. All Landlords will be required to adhere to federal and state fair housing and affirmative marketing practices, and other applicable federal, state, and local regulations.
4. Landlords will provide Tenants in the RHS Program with a standard minimum 12-month lease, with an attached RHS Program Lease Rider that explains the RHS Program requirements and rights and responsibilities of the participants in the RHS Program. **(Exhibit 9 – RHS Program Lease Rider (model))**.
 - a. The rider to be attached to each Tenant’s lease requires the Tenant to certify the Household’s Annual Income, and report changes in the Annual Income to the Landlord, as applicable, on each occasion that the Tenant’s lease is to be renewed, informs the Tenant that increases in the Household Annual Income may result in an increase in the Tenant Contribution and states the amount of Tenant Contribution.
5. Landlords will maintain confidentiality of Tenant income and eligibility information.
6. Landlords must immediately report to the LAA whenever a change occurs with the Units or Tenants. This includes move-outs, and other activities that would affect the monthly assistance received on the unit. Failure to do so in a timely manner may result in the Landlord being removed from the RHS Program.
7. When a vacancy occurs, the Landlord must notify their LAA immediately and execute a vacancy form for the affected unit. If the landlord has been paid funds on the unit which exceed monies owed for the period of occupancy, they must be returned to IHDA with the accompanying vacancy notice within 7 days of the vacancy occurring.
8. Maintain the recognized state minimum level of Property Insurance for all units participating in the RHS/LTOS program. Landlords will be required to provide proof of insurance once annually and/or upon request.

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Flow of Assistance Payments and Reconciliation Reporting

1. RHS Program Rental Assistance payments will be made quarterly, in advance, to LAAs on behalf of the Landlords, based on availability of funding and satisfactory submission of all required reporting documentation. Prior to disbursement, to ensure accuracy and eliminate payments made in error, the Program Coordinator & Rental Assistance Manager will review the final payment report. Errors will be reported to the Program Administration Officer who will adjust the payments prior to submitting for approval. LAAs must distribute the Rental Assistance payments to their participating Landlords within five calendar days of receiving their funds from IHDA.
2. Because of the possibility that a Commitment will commence in a month that is not the first month of a calendar quarter, the length of the first quarter will be adjusted to ensure that future quarters coincide with calendar quarters.
3. As part of the reconciliation process RHSP staff will:
 - a. Submit payment to LAA's from IHDA RHS Account.
 - b. LAA's forward payment to participating Landlords along with Landlord Certification letter. **(Exhibit 12 - RHS Landlord Certification Letter)**.
 - c. LAA's collect signed Landlord Certifications from Landlords within 10 business days of payment.
 - d. LAA forwards all signed original Landlord Certifications to IHDA along with a copy of the LAA's accounting check ledger for the quarter's payment.
 - e. The RHS Program Coordinator will log all payments & subsequent certifications for the quarter in a checklist. If a certification states a different payment was made (higher or lower), the Program Coordinator will contact the LAA for an explanation of the difference. Once the checklist has been updated and payment differences have been addressed with the LAA's, the Program Coordinator will transfer the data to a summary report to be presented to management **(Exhibit 13 – Quarterly Certification Summary Report)**.
 - f. RHS Staff will maintain all quarterly report submissions in the LAA's file.
 - g. In addition, all vacancy notices received in the current payment quarter must include the applicable overpaid funds to the Authority within five days. Failure to return funds received you are not entitled to may impact your participation in the RHS Program.
4. Within one hundred and fifty (150) days following the end of the LAA's fiscal year, in a manner prescribed by the Authority in writing, the LAA shall furnish the Authority with
 - a. A complete annual financial report for the LAA, prepared at LAA's expense, and certified to LAA by an Illinois licensed certified public accountant, and
 - b. A separate accounting of the Program Operating Fee for the period of 7/1 to 6/30 in order to ascertain they were utilized for allowable expenses in connection with the administration of the RHS Program, prepared at LAA's expense, and certified to the Authority by the LAA.
5. At the request of the Authority, the LAA shall furnish such reports, projections, certifications, budgets, operating reports, tax returns and analyses as required pursuant to the Acts, rules and

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regulations of the Authority and the RHS Act, as amended from time to time, and from time to time shall give specific answers to written questions in connection with the LAA's income, assets, liabilities, contracts and operation, all relating to the RHS Program, and the administration and operation, of the RHS Program.

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Agreement between IHDA and the LAA

1. The LAA will be required to report periodically on program and financial results and beneficiaries under the RHSP Program in their service area. This includes an audit performed by IHDA staff during the terms of the grant agreement (**Exhibit 14 – RHS Audit Process**).
2. LAA Commitment renewal
 - a. At the end of the Commitment, LAAs may be eligible to renew their Commitment with IHDA. IHDA will contact the LAA's 180 days before the expiration of funding to begin the renewal process. The following will then happen:
 - i. IHDA will conduct a performance evaluation that includes verifying the LAAs compliance with Tenant eligibility;
 1. Tenant contributions, rent charged for the Units;
 2. The number of two, three, and four bedroom units in the unit mix;
 3. Compliance with inspection requirements;
 4. Financial compliance;
 5. Compliance with both the outreach plan and plan for services;
 6. The LAA's selection process for finding landlords;
 7. The outcome of the LAA's pledge for special needs households if pledged;
 8. The LAA's responsiveness to disputes and appeals;
 9. The LAA's responsiveness to its performance issues;
 10. Proper documentation of program expenses; and
 11. Other program information
 - ii. The LAA will recertify Landlords to show that they have a clear title to the property, and are current with the Project's utilities, taxes, and mortgage payments, and collect Lead Based Paint Certification forms from each Landlord.
 - iii. Funding levels will be evaluated to ensure that funding is available for renewals, and LAAs will be contacted if funding requires an adjustment in allocations.
3. If a LAA does not wish to renew the Commitment:
 - a. Written notice must be sent to IHDA at least 180 days prior to the Commitment end.
 - b. IHDA will attempt to find a replacement LAA to administer the RHS Program in the designated Service Area and may sign a Commitment with the replacement for a period not to exceed the unexpired term of the original LAA's Commitment.
 - c. If a replacement LAA cannot be found, Tenants and Landlords will receive a 90-day notice that the Rental Assistance will terminate. IHDA will reallocate the funding after the 90 days.
4. If a Commitment is not renewed due to poor performance:
 - a. IHDA will inform the LAA in writing.
 - b. The LAA will then have 30 days to appeal the decision in writing to IHDA's General Counsel.

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- i. The appeal must include a written statement of the LAA's position, responses regarding poor performance and relevant supporting documentation.
 - c. The general Counsel and RHS Program Staff will conduct a review and issue a final decision within 30 days after receiving the written appeal.
- 5. Commitments not renewed because of a lack of funding may not be appealed.

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Rental Housing Support (“RHS”) Re-Entry Program

The RHS Re-Entry Program (“Re-Entry”) is designed to provide stable and affordable housing for individuals exiting the IDOC facilities who are Extremely Low Income and Severely Low Income (as those terms as defined in the Act) in the State of Illinois (outside of Chicago). IHDA awards funds to LAAs to locate rental units and provide rental subsidies.

Re-Entry is designed to leverage rental subsidies with Supportive Services available through the LAA or its partner agency. The housing and services provided give tenants an opportunity to lead stable, independent, and healthy lives with the goal of avoiding homelessness and reincarceration.

Re-Entry was created to mirror the framework provided by the standard RHS LAA program. As a result, it is subject to the Rental Housing Support Program Act (310 ILCS 105) and the rules promulgated under the Act (47 Ill. Admin Code 380). Noteworthy differences to the primary RHS LAA program include:

1. Applicants to become partners and LAA services for Re-Entry must apply and be accepted by IHDA to provide Re-Entry Units. Approval to provide other RHS program services does not include any program activities related to the Re-Entry program.
2. Funding is strictly for rental subsidies.
3. Supportive Services must be voluntary and should include, but are not limited to:
 - a. Case management,
 - b. Tenancy support services, and
 - c. Access to behavioral health services (which includes substance use and mental health services)
 - d. Independent living skills support
 - e. Transportation assistance
 - f. Education and/or employment support
4. Supportive services are not an eligible use of Program funds and must be paid by another source.
5. Tenants seeking placement must come from the IDOC referral.

For more information about the Re-Entry Program, please review **Attachment 7 – RHS Re-Entry Summary Guidelines**.

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Long Term Operating Support (“LTOS”) Program

1. Portions of the funding under the RHS Program will be available under the Long-Term Operating Support (“LTOS”) Program to provide long-term (up to 30 years) Rental Assistance to owners of newly available affordable housing units.
2. Funding for developments under the Long-Term Operating Support (“LTOS”) Program will be made available separately from the Statewide RHS Program through IHDA’s Multifamily Financing department application process.
3. The LTOS Program application may be coordinated with other IHDA/State capital, operating, and service resources, under a joint NOFA, to accomplish targeted affordable housing goals.

The term of this Rental Assistance under the LTOS program may extend to thirty (30) years but will likely not exceed fifteen (15) years. **(See Supplemental Program Guide – Long Term Operating Support Program Guide).**

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RHS PROGRAM GUIDE ATTACHMENTS AND EXHIBITS

Attachment 1 –	RHS Tenant Contribution Schedule
Attachment 2 –	RHS HQS Property Standards
Attachment 3 –	RHS Application Mandatory and Readiness Chart
Attachment 4 –	2025 RHS Income and Rent Limits
Attachment 5 –	RHS Definition of Income and Assets
Attachment 6 –	RHS Tenant Bill of Rights
Attachment 7 –	RHS Re-Entry Summary Guidelines
Exhibit 1 –	RHS Staff Position Summaries
Exhibit 2 –	RHS HQS Physical Inspection Form – Full
Exhibit 3 –	RHS HQS Physical Inspection Form – Walk-Thru
Exhibit 4 –	RHS Lead Based Paint Certification Form
Exhibit 5 –	RHS Landlord Contact and Program Information Form
Exhibit 6 –	RHS Outreach Plan (model)
Exhibit 7 –	RHS Market Rent Analysis Form
Exhibit 8 –	RHS Tenant Income Certification Form
Exhibit 9 –	RHS Program Lease Rider (model)
Exhibit 10 –	RHS Tenant Selection Plan (model)
Exhibit 11 –	RHS Unit Transfer Form
Exhibit 12 –	RHS Landlord Certification Letter
Exhibit 13 –	Quarterly Certification Summary Report
Exhibit 14 –	RHS Audit Process

Attachment 1

ILLINOIS HOUSING DEVELOPMENT AUTHORITY Rental Housing Support Program Tenant Contribution Schedule

Effective Date: May 1st, 2020

<i>Annual Income</i>	Monthly Tenant Contribution By Bedroom Type					
	<u>0 br.</u>	<u>1 br.</u>	<u>2 br.</u>	<u>3 br.</u>	<u>4 br.</u>	<u>5 br.</u>
\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$1-\$4,999	\$26	\$29	\$31	\$33	\$35	\$36
\$5,000 - \$9,999	\$104	\$117	\$125	\$133	\$142	\$146
\$10,000 - \$14,999	\$208	\$233	\$250	\$267	\$283	\$292
\$15,000 - \$19,999	\$313	\$350	\$375	\$400	\$425	\$438
\$20,000 - \$24,999	\$417	\$467	\$500	\$533	\$567	\$583
\$25,000 - \$29,999	\$521	\$583	\$625	\$667	\$708	\$729
\$30,000 - \$35,000	\$625	\$700	\$750	\$800	\$850	\$875

Households reporting \$0 will pay \$0 in rent for a period of 12 months effective to the date of income loss. After this period ends, they will begin paying a minimum contribution based on the unit size.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM HQS Standards

The information below is provided to assist Local Administrating Agencies (LAAs) in completing the physical inspection of Projects and their Program Units as required by the Rental Housing Support Program. This information was taken from HUD's web site verbatim, and as such, is not intended to be used or relied upon in any other manner or for any other purpose.

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TITLE 24--HOUSING AND URBAN DEVELOPMENT CHAPTER IX--OFFICE OF ASSISTANT SECRETARY FOR PUBLIC AND INDIAN HOUSING, DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

PART 982--SECTION 8 TENANT BASED ASSISTANCE: HOUSING CHOICE VOUCHER PROGRAM--Table of Contents

Subpart I--Dwelling Unit: Housing Quality Standards, Subsidy Standards,
Inspection and Maintenance

Sec. 982.401 Housing quality standards (HQS).

Source: 60 FR 34695, July 3, 1995, unless otherwise noted.

(a) Performance and acceptability requirements. (1) This section states the housing quality standards (HQS) for housing assisted in the programs.

(2)(i) The HQS consist of:

(A) Performance requirements; and

(B) Acceptability criteria or HUD approved variations in the acceptability criteria.

(ii) This section states performance and acceptability criteria for these key aspects of housing quality:

(A) Sanitary facilities;

(B) Food preparation and refuse disposal;

(C) Space and security;

(D) Thermal environment;

(E) Illumination and electricity;

(F) Structure and materials;

(G) Interior air quality;

(H) Water supply;

(I) Lead-based paint;

(J) Access;

(K) Site and neighborhood;

(L) Sanitary condition; and

(M) Smoke detectors.

(3) All program housing must meet the HQS performance requirements both at commencement of assisted occupancy, and throughout the assisted tenancy.

(4)(i) In addition to meeting HQS performance requirements, the housing must meet the acceptability criteria stated in this section, unless variations are approved by HUD.

(ii) HUD may approve acceptability criteria variations for the following purposes:

(A) Variations which apply standards in local housing codes or other codes adopted by the PHA; or

- (B)** Variations because of local climatic or geographic conditions.
- (iii)** Acceptability criteria variations may only be approved by HUD pursuant to paragraph (a)(4)(ii) of this section if such variations either:
- (A)** Meet or exceed the performance requirements; or
- (B)** Significantly expand affordable housing opportunities for families assisted under the program.
- (iv)** HUD will not approve any acceptability criteria variation if HUD believes that such variation is likely to adversely affect the health or safety of participant families, or severely restrict housing choice.
- (b) Sanitary facilities--(1) Performance requirements.** The dwelling unit must include sanitary facilities located in the unit. The sanitary facilities must be in proper operating condition, and adequate for personal cleanliness and the disposal of human waste. The sanitary facilities must be usable in privacy.
- (2) Acceptability criteria. (i)** The bathroom must be located in a separate private room and have a flush toilet in proper operating condition.
- (ii)** The dwelling unit must have a fixed basin in proper operating condition, with a sink trap and hot and cold running water.
- (iii)** The dwelling unit must have a shower or a tub in proper operating condition with hot and cold running water.
- (iv)** The facilities must utilize an approvable public or private disposal system (including a locally approvable septic system).
- (c) Food preparation and refuse disposal--(1) Performance requirement. (i)** The dwelling unit must have suitable space and equipment to store, prepare, and serve foods in a sanitary manner.
- (ii)** There must be adequate facilities and services for the sanitary disposal of food wastes and refuse, including facilities for temporary storage where necessary (e.g., garbage cans).
- (2) Acceptability criteria. (i)** The dwelling unit must have an oven, and a stove or range, and a refrigerator of appropriate size for the family. All of the equipment must be in proper operating condition. The equipment may be supplied by either the owner or the family. A microwave oven may be substituted for a tenant-supplied oven and stove or range. A microwave oven may be substituted for an owner-supplied oven and stove or range if the tenant agrees and microwave ovens are furnished instead of an oven and stove or range to both subsidized and unsubsidized tenants in the building or premises.
- (ii)** The dwelling unit must have a kitchen sink in proper operating condition, with a sink trap and hot and cold running water. The sink must drain into an approvable public or private system.
- (iii)** The dwelling unit must have space for the storage, preparation, and serving of food.
- (iv)** There must be facilities and services for the sanitary disposal of food waste and refuse, including temporary storage facilities where necessary (e.g., garbage cans).
- (d) Space and security--(1) Performance requirement.** The dwelling unit must provide adequate space and security for the family.
- (2) Acceptability criteria. (i)** At a minimum, the dwelling unit must have a living room, a kitchen area, and a bathroom.
- (ii)** The dwelling unit must have at least one bedroom or living/sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.
- (iii)** Dwelling unit windows that are accessible from the outside, such as basement, first floor, and fire escape windows, must be lockable (such as window units with sash pins or sash locks, and combination windows with latches). Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.
- (iv)** The exterior doors of the dwelling unit must be lockable. Exterior doors are doors by which someone can enter or exit the dwelling unit.
- (e) Thermal environment--(1) Performance requirement.** The dwelling unit must have and be capable of maintaining a thermal environment healthy for the human body.
- (2) Acceptability criteria. (i)** There must be a safe system for heating the dwelling unit (and a safe cooling system, where present). The system must be in proper operating condition. The system must be able to provide adequate heat (and cooling, if applicable), either directly or indirectly, to each room, in order to assure a healthy living environment appropriate to the climate.
- (ii)** The dwelling unit must not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable.

- (f) Illumination and electricity--(1) Performance requirement.** Each room must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. The dwelling unit must have sufficient electrical sources so occupants can use essential electrical appliances. The electrical fixtures and wiring must ensure safety from fire.
- (2) Acceptability criteria.** **(i)** There must be at least one window in the living room and in each sleeping room.
- (ii)** The kitchen area and the bathroom must have a permanent ceiling or wall light fixture in proper operating condition. The kitchen area must also have at least one electrical outlet in proper operating condition.
- (iii)** The living room and each bedroom must have at least two electrical outlets in proper operating condition. Permanent overhead or wall-mounted light fixtures may count as one of the required electrical outlets.
- (g) Structure and materials--(1) Performance requirement.** The dwelling unit must be structurally sound. The structure must not present any threat to the health and safety of the occupants and must protect the occupants from the environment.
- (2) Acceptability criteria.** **(i)** Ceilings, walls, and floors must not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, severe buckling, missing parts, or other serious damage.
- (ii)** The roof must be structurally sound and weathertight.
- (iii)** The exterior wall structure and surface must not have any serious defects such as serious leaning, buckling, sagging, large holes, or defects that may result in air infiltration or vermin infestation.
- (iv)** The condition and equipment of interior and exterior stairs, halls, porches, walkways, etc., must not present a danger of tripping and falling. For example, broken or missing steps or loose boards are unacceptable.
- (v)** Elevators must be working and safe.
- (h) Interior air quality--(1) Performance requirement.** The dwelling unit must be free of pollutants in the air at levels that threaten the health of the occupants.
- (2) Acceptability criteria.** **(i)** The dwelling unit must be free from dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, and other harmful pollutants.
- (ii)** There must be adequate air circulation in the dwelling unit.
- (iii)** Bathroom areas must have one openable window or other adequate exhaust ventilation.
- (iv)** Any room used for sleeping must have at least one window. If the window is designed to be openable, the window must work.
- (i) Water supply--(1) Performance requirement.** The water supply must be free from contamination.
- (2) Acceptability criteria.** The dwelling unit must be served by an approvable public or private water supply that is sanitary and free from contamination.
- (j) Lead-based paint performance requirement.** The Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821-4846), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851-4856), and implementing regulations at part 35, subparts A, B, M, and R of this title apply to units assisted under this part.
- (k) Access performance requirement.** The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs or egress through windows).
- (l) Site and Neighborhood--(1) Performance requirement.** The site and neighborhood must be reasonably free from disturbing noises and reverberations and other dangers to the health, safety, and general welfare of the occupants.
- (2) Acceptability criteria.** The site and neighborhood may not be subject to serious adverse environmental conditions, natural or manmade, such as dangerous walks or steps; instability; flooding, poor drainage, septic tank back-ups or sewage hazards; mudslides; abnormal air pollution, smoke or dust; excessive noise, vibration or vehicular traffic; excessive accumulations of trash; vermin or rodent infestation; or fire hazards.
- (m) Sanitary condition--(1) Performance requirement.** The dwelling unit and its equipment must be in sanitary condition.
- (2) Acceptability criteria.** The dwelling unit and its equipment must be free of vermin and rodent infestation.

(n) Smoke detectors performance requirement--**(1)** Except as provided in paragraph (n)(2) of this section, each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, on each level of the dwelling unit, including basements but excepting crawl spaces and unfinished attics. Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards). If the dwelling unit is occupied by any hearing-impaired person, - smoke detectors must have an alarm system, designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

(2) For units assisted prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors prior to April 24, 1993 in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992, (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e., the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit).

[60 FR 34695, July 3, 1995, as amended at 61 FR 27163, May 30, 1996; 63 FR 23861, Apr. 30, 1998; 64 FR 26646, May 14, 1999; 64 FR 49658, Sept. 14, 1999; 64 FR 50230, Sept. 15, 1999]

Attachment 3

Illinois Housing Development Authority RHS Application Mandatory & Readiness Chart

	<u>Mandatory</u>	<u>Shows Readiness</u>	<u>Post Award</u>
Section I: Summary Information	LAA Contact Information LAA Type RHS Request - Amount and # of Units Geographic Area applying for Service Area Lead Applicant - Organizational Info *last two annual reports & audited financials *list of bd members & resumes *copy of IRS determination & articles of incorp (non-prof) *current certificate of good standing (non-prof) *resolution for participation & jurisdiction * documentation of legal authority to serve service area Indication if targeting Special Needs in outreach Proposal Summary Legislative Information		
Section II: Organization and Capacity	Legal documentation showing Partnerships Lead Applicant Capacity Information Partner Capacity Information Key Functions Narrative Resumes		
Section III: Proposal Need/Feasibility	Demand Information Community Support Narrative Letters of Support	Proposed Eligible Tenant Narrative	
Section IV: Proposal Design	Service Area Map Landlord Selection Plan Outreach Plan Plan for Services Procedures and Operations		
Section V: Landlord/Property Information	Landlord/Property Narrative (Level 1) Market Rent Analysis	Possible Landlord/Properties (Level 2) or Landlord/Property/Unit Listing (Level 3) Market Rent Analysis using proposed program unit Tenant Selection Plan negotiated with Landlords Unit Inspections Lead Based Paint Certifications	Final Unit List Final Rents Final Landlords Final Unit Inspections Final Lead Based Paint Certifications Landlord Certifications Final Tenant Selection Plan
Submit one level. Each level up shows more readiness			
Section VI: Budget Information	RHS Request Program Budget Detail Administrative Fee Amount Administrative Budget Detail	Program Budget Detail Based on Proposed Units	Final Budget Detail
Section VII: Program Implementation Plan	Program Implementation Timeline Plan		
Section VIII: Applicant Certification	Applicant Certification Form		



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 312.836.5200

Illinois Housing Development Authority's Schedule of Maximum Annual Income Limits for the Rental Housing Support Program Effective April 1, 2025

	County Name		Schedule Type					
	Adams		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,820	\$26,075	\$29,330	\$32,585	\$35,210	\$37,800	\$40,425	\$43,015
30%	\$19,560	\$22,350	\$25,140	\$27,930	\$30,180	\$32,400	\$34,650	\$36,870
15%	\$9,780	\$11,175	\$12,570	\$13,965	\$15,090	\$16,200	\$17,325	\$18,435
	Alexander		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,155	\$25,340	\$28,490	\$31,675	\$34,230	\$36,750	\$39,270	\$41,825
30%	\$18,990	\$21,720	\$24,420	\$27,150	\$29,340	\$31,500	\$33,660	\$35,850
15%	\$9,495	\$10,860	\$12,210	\$13,575	\$14,670	\$15,750	\$16,830	\$17,925
	Bond		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,960	\$26,215	\$29,505	\$32,760	\$35,385	\$38,010	\$40,635	\$43,260
30%	\$19,680	\$22,470	\$25,290	\$28,080	\$30,330	\$32,580	\$34,830	\$37,080
15%	\$9,840	\$11,235	\$12,645	\$14,040	\$15,165	\$16,290	\$17,415	\$18,540
	Boone		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Brown		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,680	\$25,900	\$29,155	\$32,375	\$34,965	\$37,555	\$40,145	\$42,735
30%	\$19,440	\$22,200	\$24,990	\$27,750	\$29,970	\$32,190	\$34,410	\$36,630
15%	\$9,720	\$11,100	\$12,495	\$13,875	\$14,985	\$16,095	\$17,205	\$18,315
	Bureau		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,840	\$24,955	\$28,070	\$31,185	\$33,705	\$36,190	\$38,675	\$41,195
30%	\$18,720	\$21,390	\$24,060	\$26,730	\$28,890	\$31,020	\$33,150	\$35,310
15%	\$9,360	\$10,695	\$12,030	\$13,365	\$14,445	\$15,510	\$16,575	\$17,655
	Calhoun		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$27,300	\$31,220	\$35,105	\$38,990	\$42,140	\$45,255	\$48,370	\$51,485
30%	\$23,400	\$26,760	\$30,090	\$33,420	\$36,120	\$38,790	\$41,460	\$44,130
15%	\$11,700	\$13,380	\$15,045	\$16,710	\$18,060	\$19,395	\$20,730	\$22,065
	Carroll		RHS 2025					

**Illinois Housing Development Authority's
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Effective April 1, 2025**

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Cass		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Champaign		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,745	\$28,280	\$31,815	\$35,315	\$38,150	\$40,985	\$43,820	\$46,620
30%	\$21,210	\$24,240	\$27,270	\$30,270	\$32,700	\$35,130	\$37,560	\$39,960
15%	\$10,605	\$12,120	\$13,635	\$15,135	\$16,350	\$17,565	\$18,780	\$19,980
	Christian		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Clark		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,505	\$25,725	\$28,945	\$32,130	\$34,720	\$37,275	\$39,865	\$42,420
30%	\$19,290	\$22,050	\$24,810	\$27,540	\$29,760	\$31,950	\$34,170	\$36,360
15%	\$9,645	\$11,025	\$12,405	\$13,770	\$14,880	\$15,975	\$17,085	\$18,180
	Clay		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$27,300	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$23,400	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$11,700	\$14,040	\$15,075	\$16,110	\$17,160
	Clinton		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$27,300	\$31,220	\$35,105	\$38,990	\$42,140	\$45,255	\$48,370	\$51,485
30%	\$23,400	\$26,760	\$30,090	\$33,420	\$36,120	\$38,790	\$41,460	\$44,130
15%	\$11,700	\$13,380	\$15,045	\$16,710	\$18,060	\$19,395	\$20,730	\$22,065
	Coles		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
Effective April 1, 2025**

15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Cook		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,400	\$33,600	\$37,800	\$41,965	\$45,325	\$48,685	\$52,045	\$55,405
30%	\$25,200	\$28,800	\$32,400	\$35,970	\$38,850	\$41,730	\$44,610	\$47,490
15%	\$12,600	\$14,400	\$16,200	\$17,985	\$19,425	\$20,865	\$22,305	\$23,745
Crawford		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,470	\$25,690	\$28,875	\$32,095	\$34,685	\$37,240	\$39,830	\$42,385
30%	\$19,260	\$22,020	\$24,750	\$27,510	\$29,730	\$31,920	\$34,140	\$36,330
15%	\$9,630	\$11,010	\$12,375	\$13,755	\$14,865	\$15,960	\$17,070	\$18,165
Cumberland		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,465	\$27,930	\$31,430	\$34,930	\$37,730	\$40,495	\$43,330	\$46,095
30%	\$20,970	\$23,940	\$26,940	\$29,940	\$32,340	\$34,710	\$37,140	\$39,510
15%	\$10,485	\$11,970	\$13,470	\$14,970	\$16,170	\$17,355	\$18,570	\$19,755
De Witt		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,800	\$27,195	\$30,590	\$33,985	\$36,715	\$39,445	\$42,175	\$44,870
30%	\$20,400	\$23,310	\$26,220	\$29,130	\$31,470	\$33,810	\$36,150	\$38,460
15%	\$10,200	\$11,655	\$13,110	\$14,565	\$15,735	\$16,905	\$18,075	\$19,230
DeKalb		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,780	\$28,315	\$31,850	\$35,385	\$38,220	\$41,055	\$43,890	\$46,725
30%	\$21,240	\$24,270	\$27,300	\$30,330	\$32,760	\$35,190	\$37,620	\$40,050
15%	\$10,620	\$12,135	\$13,650	\$15,165	\$16,380	\$17,595	\$18,810	\$20,025
Douglas		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,135	\$26,460	\$29,750	\$33,040	\$35,700	\$38,360	\$40,985	\$43,645
30%	\$19,830	\$22,680	\$25,500	\$28,320	\$30,600	\$32,880	\$35,130	\$37,410
15%	\$9,915	\$11,340	\$12,750	\$14,160	\$15,300	\$16,440	\$17,565	\$18,705
DuPage		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,400	\$33,600	\$37,800	\$41,965	\$45,325	\$48,685	\$52,045	\$55,405
30%	\$25,200	\$28,800	\$32,400	\$35,970	\$38,850	\$41,730	\$44,610	\$47,490
15%	\$12,600	\$14,400	\$16,200	\$17,985	\$19,425	\$20,865	\$22,305	\$23,745
Edgar		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
Effective April 1, 2025**

35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Edwards		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Effingham		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,815	\$28,350	\$31,885	\$35,420	\$38,255	\$41,090	\$43,925	\$46,760
30%	\$21,270	\$24,300	\$27,330	\$30,360	\$32,790	\$35,220	\$37,650	\$40,080
15%	\$10,635	\$12,150	\$13,665	\$15,180	\$16,395	\$17,610	\$18,825	\$20,040
Fayette		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Ford		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,540	\$25,760	\$28,980	\$32,200	\$34,790	\$37,380	\$39,935	\$42,525
30%	\$19,320	\$22,080	\$24,840	\$27,600	\$29,820	\$32,040	\$34,230	\$36,450
15%	\$9,660	\$11,040	\$12,420	\$13,800	\$14,910	\$16,020	\$17,115	\$18,225
Franklin		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Fulton		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Gallatin		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160

**Illinois Housing Development Authority's
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Effective April 1, 2025**

	Greene		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Grundy		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,120	\$33,285	\$37,450	\$41,580	\$44,940	\$48,265	\$51,590	\$54,915
30%	\$24,960	\$28,530	\$32,100	\$35,640	\$38,520	\$41,370	\$44,220	\$47,070
15%	\$12,480	\$14,265	\$16,050	\$17,820	\$19,260	\$20,685	\$22,110	\$23,535
	Hamilton		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Hancock		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,540	\$25,760	\$28,980	\$32,165	\$34,755	\$37,345	\$39,900	\$42,490
30%	\$19,320	\$22,080	\$24,840	\$27,570	\$29,790	\$32,010	\$34,200	\$36,420
15%	\$9,660	\$11,040	\$12,420	\$13,785	\$14,895	\$16,005	\$17,100	\$18,210
	Hardin		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Henderson		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Henry		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,370	\$30,800	\$34,195	\$36,960	\$39,690	\$42,420	\$45,150
30%	\$20,520	\$23,460	\$26,400	\$29,310	\$31,680	\$34,020	\$36,360	\$38,700
15%	\$10,260	\$11,730	\$13,200	\$14,655	\$15,840	\$17,010	\$18,180	\$19,350
	Iroquois		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,735	\$24,815	\$27,930	\$31,010	\$33,495	\$35,980	\$38,465	\$40,950

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
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30%	\$18,630	\$21,270	\$23,940	\$26,580	\$28,710	\$30,840	\$32,970	\$35,100
15%	\$9,315	\$10,635	\$11,970	\$13,290	\$14,355	\$15,420	\$16,485	\$17,550
Jackson		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Jasper		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,715	\$25,970	\$29,225	\$32,445	\$35,035	\$37,625	\$40,250	\$42,840
30%	\$19,470	\$22,260	\$25,050	\$27,810	\$30,030	\$32,250	\$34,500	\$36,720
15%	\$9,735	\$11,130	\$12,525	\$13,905	\$15,015	\$16,125	\$17,250	\$18,360
Jefferson		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Jersey		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$27,300	\$31,220	\$35,105	\$38,990	\$42,140	\$45,255	\$48,370	\$51,485
30%	\$23,400	\$26,760	\$30,090	\$33,420	\$36,120	\$38,790	\$41,460	\$44,130
15%	\$11,700	\$13,380	\$15,045	\$16,710	\$18,060	\$19,395	\$20,730	\$22,065
Jo Daviess		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,675	\$28,210	\$31,710	\$35,245	\$38,045	\$40,880	\$43,715	\$46,550
30%	\$21,150	\$24,180	\$27,180	\$30,210	\$32,610	\$35,040	\$37,470	\$39,900
15%	\$10,575	\$12,090	\$13,590	\$15,105	\$16,305	\$17,520	\$18,735	\$19,950
Johnson		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Kane		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,400	\$33,600	\$37,800	\$41,965	\$45,325	\$48,685	\$52,045	\$55,405
30%	\$25,200	\$28,800	\$32,400	\$35,970	\$38,850	\$41,730	\$44,610	\$47,490
15%	\$12,600	\$14,400	\$16,200	\$17,985	\$19,425	\$20,865	\$22,305	\$23,745
Kankakee		RHS 2025						

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
Effective April 1, 2025**

	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,365	\$25,550	\$28,735	\$31,920	\$34,475	\$37,030	\$39,585	\$42,140
30%	\$19,170	\$21,900	\$24,630	\$27,360	\$29,550	\$31,740	\$33,930	\$36,120
15%	\$9,585	\$10,950	\$12,315	\$13,680	\$14,775	\$15,870	\$16,965	\$18,060
	Kendall		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$32,445	\$37,100	\$41,720	\$46,340	\$50,050	\$53,760	\$57,470	\$61,180
30%	\$27,810	\$31,800	\$35,760	\$39,720	\$42,900	\$46,080	\$49,260	\$52,440
15%	\$13,905	\$15,900	\$17,880	\$19,860	\$21,450	\$23,040	\$24,630	\$26,220
	Knox		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	La Salle		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,295	\$25,480	\$28,665	\$31,850	\$34,405	\$36,960	\$39,515	\$42,070
30%	\$19,110	\$21,840	\$24,570	\$27,300	\$29,490	\$31,680	\$33,870	\$36,060
15%	\$9,555	\$10,920	\$12,285	\$13,650	\$14,745	\$15,840	\$16,935	\$18,030
	Lake		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,400	\$33,600	\$37,800	\$41,965	\$45,325	\$48,685	\$52,045	\$55,405
30%	\$25,200	\$28,800	\$32,400	\$35,970	\$38,850	\$41,730	\$44,610	\$47,490
15%	\$12,600	\$14,400	\$16,200	\$17,985	\$19,425	\$20,865	\$22,305	\$23,745
	Lawrence		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Lee		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,540	\$25,760	\$28,980	\$32,200	\$34,790	\$37,380	\$39,935	\$42,525
30%	\$19,320	\$22,080	\$24,840	\$27,600	\$29,820	\$32,040	\$34,230	\$36,450
15%	\$9,660	\$11,040	\$12,420	\$13,800	\$14,910	\$16,020	\$17,115	\$18,225
	Livingston		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,730	\$27,125	\$30,520	\$33,880	\$36,610	\$39,305	\$42,035	\$44,730
30%	\$20,340	\$23,250	\$26,160	\$29,040	\$31,380	\$33,690	\$36,030	\$38,340

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
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15%	\$10,170	\$11,625	\$13,080	\$14,520	\$15,690	\$16,845	\$18,015	\$19,170
Logan		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,805	\$24,920	\$28,035	\$31,150	\$33,670	\$36,155	\$38,640	\$41,125
30%	\$18,690	\$21,360	\$24,030	\$26,700	\$28,860	\$30,990	\$33,120	\$35,250
15%	\$9,345	\$10,680	\$12,015	\$13,350	\$14,430	\$15,495	\$16,560	\$17,625
Macon		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,470	\$25,655	\$28,875	\$32,060	\$34,650	\$37,205	\$39,760	\$42,350
30%	\$19,260	\$21,990	\$24,750	\$27,480	\$29,700	\$31,890	\$34,080	\$36,300
15%	\$9,630	\$10,995	\$12,375	\$13,740	\$14,850	\$15,945	\$17,040	\$18,150
Macoupin		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,330	\$25,515	\$28,700	\$31,885	\$34,440	\$36,995	\$39,550	\$42,105
30%	\$19,140	\$21,870	\$24,600	\$27,330	\$29,520	\$31,710	\$33,900	\$36,090
15%	\$9,570	\$10,935	\$12,300	\$13,665	\$14,760	\$15,855	\$16,950	\$18,045
Madison		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$27,300	\$31,220	\$35,105	\$38,990	\$42,140	\$45,255	\$48,370	\$51,485
30%	\$23,400	\$26,760	\$30,090	\$33,420	\$36,120	\$38,790	\$41,460	\$44,130
15%	\$11,700	\$13,380	\$15,045	\$16,710	\$18,060	\$19,395	\$20,730	\$22,065
Marion		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Marshall		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,335	\$30,765	\$34,160	\$36,925	\$39,655	\$42,385	\$45,115
30%	\$20,520	\$23,430	\$26,370	\$29,280	\$31,650	\$33,990	\$36,330	\$38,670
15%	\$10,260	\$11,715	\$13,185	\$14,640	\$15,825	\$16,995	\$18,165	\$19,335
Mason		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,315	\$24,360	\$27,405	\$30,415	\$32,865	\$35,315	\$37,730	\$40,180
30%	\$18,270	\$20,880	\$23,490	\$26,070	\$28,170	\$30,270	\$32,340	\$34,440
15%	\$9,135	\$10,440	\$11,745	\$13,035	\$14,085	\$15,135	\$16,170	\$17,220
Massac		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
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35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
McDonough		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
McHenry		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,400	\$33,600	\$37,800	\$41,965	\$45,325	\$48,685	\$52,045	\$55,405
30%	\$25,200	\$28,800	\$32,400	\$35,970	\$38,850	\$41,730	\$44,610	\$47,490
15%	\$12,600	\$14,400	\$16,200	\$17,985	\$19,425	\$20,865	\$22,305	\$23,745
McLean		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$29,120	\$33,285	\$37,450	\$41,580	\$44,940	\$48,265	\$51,590	\$54,915
30%	\$24,960	\$28,530	\$32,100	\$35,640	\$38,520	\$41,370	\$44,220	\$47,070
15%	\$12,480	\$14,265	\$16,050	\$17,820	\$19,260	\$20,685	\$22,110	\$23,535
Menard		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$28,105	\$32,130	\$36,155	\$40,145	\$43,365	\$46,585	\$49,805	\$53,025
30%	\$24,090	\$27,540	\$30,990	\$34,410	\$37,170	\$39,930	\$42,690	\$45,450
15%	\$12,045	\$13,770	\$15,495	\$17,205	\$18,585	\$19,965	\$21,345	\$22,725
Mercer		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,370	\$30,800	\$34,195	\$36,960	\$39,690	\$42,420	\$45,150
30%	\$20,520	\$23,460	\$26,400	\$29,310	\$31,680	\$34,020	\$36,360	\$38,700
15%	\$10,260	\$11,730	\$13,200	\$14,655	\$15,840	\$17,010	\$18,180	\$19,350
Monroe		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$27,300	\$31,220	\$35,105	\$38,990	\$42,140	\$45,255	\$48,370	\$51,485
30%	\$23,400	\$26,760	\$30,090	\$33,420	\$36,120	\$38,790	\$41,460	\$44,130
15%	\$11,700	\$13,380	\$15,045	\$16,710	\$18,060	\$19,395	\$20,730	\$22,065
Montgomery		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,925	\$26,180	\$29,470	\$32,725	\$35,350	\$37,975	\$40,600	\$43,225
30%	\$19,650	\$22,440	\$25,260	\$28,050	\$30,300	\$32,550	\$34,800	\$37,050
15%	\$9,825	\$11,220	\$12,630	\$14,025	\$15,150	\$16,275	\$17,400	\$18,525

**Illinois Housing Development Authority's
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Morgan		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,100	\$26,425	\$29,715	\$33,005	\$35,665	\$38,290	\$40,950	\$43,575
30%	\$19,800	\$22,650	\$25,470	\$28,290	\$30,570	\$32,820	\$35,100	\$37,350
15%	\$9,900	\$11,325	\$12,735	\$14,145	\$15,285	\$16,410	\$17,550	\$18,675
Moultrie		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,255	\$27,720	\$31,185	\$34,650	\$37,450	\$40,215	\$42,980	\$45,745
30%	\$20,790	\$23,760	\$26,730	\$29,700	\$32,100	\$34,470	\$36,840	\$39,210
15%	\$10,395	\$11,880	\$13,365	\$14,850	\$16,050	\$17,235	\$18,420	\$19,605
Ogle		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,920	\$28,490	\$32,060	\$35,595	\$38,465	\$41,300	\$44,170	\$47,005
30%	\$21,360	\$24,420	\$27,480	\$30,510	\$32,970	\$35,400	\$37,860	\$40,290
15%	\$10,680	\$12,210	\$13,740	\$15,255	\$16,485	\$17,700	\$18,930	\$20,145
Peoria		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,335	\$30,765	\$34,160	\$36,925	\$39,655	\$42,385	\$45,115
30%	\$20,520	\$23,430	\$26,370	\$29,280	\$31,650	\$33,990	\$36,330	\$38,670
15%	\$10,260	\$11,715	\$13,185	\$14,640	\$15,825	\$16,995	\$18,165	\$19,335
Perry		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Piatt		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,745	\$28,280	\$31,815	\$35,315	\$38,150	\$40,985	\$43,820	\$46,620
30%	\$21,210	\$24,240	\$27,270	\$30,270	\$32,700	\$35,130	\$37,560	\$39,960
15%	\$10,605	\$12,120	\$13,635	\$15,135	\$16,350	\$17,565	\$18,780	\$19,980
Pike		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Pope		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,770	\$24,920	\$28,000	\$31,115	\$33,635	\$36,120	\$38,605	\$41,090

**Illinois Housing Development Authority's
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30%	\$18,660	\$21,360	\$24,000	\$26,670	\$28,830	\$30,960	\$33,090	\$35,220
15%	\$9,330	\$10,680	\$12,000	\$13,335	\$14,415	\$15,480	\$16,545	\$17,610
Pulaski		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Putnam		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,710	\$28,245	\$31,780	\$35,280	\$38,115	\$40,950	\$43,750	\$46,585
30%	\$21,180	\$24,210	\$27,240	\$30,240	\$32,670	\$35,100	\$37,500	\$39,930
15%	\$10,590	\$12,105	\$13,620	\$15,120	\$16,335	\$17,550	\$18,750	\$19,965
Randolph		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,065	\$26,355	\$29,645	\$32,935	\$35,560	\$38,220	\$40,845	\$43,505
30%	\$19,770	\$22,590	\$25,410	\$28,230	\$30,480	\$32,760	\$35,010	\$37,290
15%	\$9,885	\$11,295	\$12,705	\$14,115	\$15,240	\$16,380	\$17,505	\$18,645
Richland		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Rock Island		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,370	\$30,800	\$34,195	\$36,960	\$39,690	\$42,420	\$45,150
30%	\$20,520	\$23,460	\$26,400	\$29,310	\$31,680	\$34,020	\$36,360	\$38,700
15%	\$10,260	\$11,730	\$13,200	\$14,655	\$15,840	\$17,010	\$18,180	\$19,350
Saline		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Sangamon		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$28,105	\$32,130	\$36,155	\$40,145	\$43,365	\$46,585	\$49,805	\$53,025
30%	\$24,090	\$27,540	\$30,990	\$34,410	\$37,170	\$39,930	\$42,690	\$45,450
15%	\$12,045	\$13,770	\$15,495	\$17,205	\$18,585	\$19,965	\$21,345	\$22,725
Schuyler		RHS 2025						

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	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,645	\$25,865	\$29,085	\$32,305	\$34,895	\$37,485	\$40,075	\$42,665
30%	\$19,410	\$22,170	\$24,930	\$27,690	\$29,910	\$32,130	\$34,350	\$36,570
15%	\$9,705	\$11,085	\$12,465	\$13,845	\$14,955	\$16,065	\$17,175	\$18,285
	Scott		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$24,220	\$27,650	\$31,150	\$34,580	\$37,345	\$40,110	\$42,910	\$45,675
30%	\$20,760	\$23,700	\$26,700	\$29,640	\$32,010	\$34,380	\$36,780	\$39,150
15%	\$10,380	\$11,850	\$13,350	\$14,820	\$16,005	\$17,190	\$18,390	\$19,575
	Shelby		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,190	\$25,375	\$28,525	\$31,710	\$34,265	\$36,785	\$39,340	\$41,860
30%	\$19,020	\$21,750	\$24,450	\$27,180	\$29,370	\$31,530	\$33,720	\$35,880
15%	\$9,510	\$10,875	\$12,225	\$13,590	\$14,685	\$15,765	\$16,860	\$17,940
	St. Clair		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$27,300	\$31,220	\$35,105	\$38,990	\$42,140	\$45,255	\$48,370	\$51,485
30%	\$23,400	\$26,760	\$30,090	\$33,420	\$36,120	\$38,790	\$41,460	\$44,130
15%	\$11,700	\$13,380	\$15,045	\$16,710	\$18,060	\$19,395	\$20,730	\$22,065
	Stark		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,335	\$30,765	\$34,160	\$36,925	\$39,655	\$42,385	\$45,115
30%	\$20,520	\$23,430	\$26,370	\$29,280	\$31,650	\$33,990	\$36,330	\$38,670
15%	\$10,260	\$11,715	\$13,185	\$14,640	\$15,825	\$16,995	\$18,165	\$19,335
	Stephenson		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
	Tazewell		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,335	\$30,765	\$34,160	\$36,925	\$39,655	\$42,385	\$45,115
30%	\$20,520	\$23,430	\$26,370	\$29,280	\$31,650	\$33,990	\$36,330	\$38,670
15%	\$10,260	\$11,715	\$13,185	\$14,640	\$15,825	\$16,995	\$18,165	\$19,335
	Union		RHS 2025					
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,980	\$25,130	\$28,280	\$31,395	\$33,915	\$36,435	\$38,955	\$41,475
30%	\$18,840	\$21,540	\$24,240	\$26,910	\$29,070	\$31,230	\$33,390	\$35,550

**Illinois Housing Development Authority's
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15%	\$9,420	\$10,770	\$12,120	\$13,455	\$14,535	\$15,615	\$16,695	\$17,775
Vermilion		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Wabash		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,190	\$25,340	\$28,525	\$31,675	\$34,230	\$36,750	\$39,305	\$41,825
30%	\$19,020	\$21,720	\$24,450	\$27,150	\$29,340	\$31,500	\$33,690	\$35,850
15%	\$9,510	\$10,860	\$12,225	\$13,575	\$14,670	\$15,750	\$16,845	\$17,925
Warren		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,910	\$25,025	\$28,140	\$31,255	\$33,775	\$36,260	\$38,780	\$41,265
30%	\$18,780	\$21,450	\$24,120	\$26,790	\$28,950	\$31,080	\$33,240	\$35,370
15%	\$9,390	\$10,725	\$12,060	\$13,395	\$14,475	\$15,540	\$16,620	\$17,685
Washington		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$25,025	\$28,595	\$32,165	\$35,735	\$38,605	\$41,475	\$44,345	\$47,180
30%	\$21,450	\$24,510	\$27,570	\$30,630	\$33,090	\$35,550	\$38,010	\$40,440
15%	\$10,725	\$12,255	\$13,785	\$15,315	\$16,545	\$17,775	\$19,005	\$20,220
Wayne		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
White		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Whiteside		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$22,610	\$25,830	\$29,050	\$32,270	\$34,860	\$37,450	\$40,040	\$42,630
30%	\$19,380	\$22,140	\$24,900	\$27,660	\$29,880	\$32,100	\$34,320	\$36,540
15%	\$9,690	\$11,070	\$12,450	\$13,830	\$14,940	\$16,050	\$17,160	\$18,270
Will		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People

**Illinois Housing Development Authority's
Schedule of Maximum Annual Income Limits for the Rental Housing Support Program
Effective April 1, 2025**

35%	\$29,400	\$33,600	\$37,800	\$41,965	\$45,325	\$48,685	\$52,045	\$55,405
30%	\$25,200	\$28,800	\$32,400	\$35,970	\$38,850	\$41,730	\$44,610	\$47,490
15%	\$12,600	\$14,400	\$16,200	\$17,985	\$19,425	\$20,865	\$22,305	\$23,745
Williamson		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Winnebago		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$21,245	\$24,255	\$27,300	\$30,310	\$32,760	\$35,175	\$37,590	\$40,040
30%	\$18,210	\$20,790	\$23,400	\$25,980	\$28,080	\$30,150	\$32,220	\$34,320
15%	\$9,105	\$10,395	\$11,700	\$12,990	\$14,040	\$15,075	\$16,110	\$17,160
Woodford		RHS 2025						
	1 Person	2 People	3 People	4 People	5 People	6 People	7 People	8 People
35%	\$23,940	\$27,335	\$30,765	\$34,160	\$36,925	\$39,655	\$42,385	\$45,115
30%	\$20,520	\$23,430	\$26,370	\$29,280	\$31,650	\$33,990	\$36,330	\$38,670
15%	\$10,260	\$11,715	\$13,185	\$14,640	\$15,825	\$16,995	\$18,165	\$19,335

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
Effective April 1, 2025**

	County Name	Schedule Type				
	Adams	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$978	\$1,047	\$1,257	\$1,513	\$1,620	\$1,820
	Alexander	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$949	\$1,017	\$1,221	\$1,656	\$1,985	\$2,283
	Bond	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$984	\$1,053	\$1,264	\$1,460	\$1,629	\$1,797
	Boone	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$972	\$1,080	\$1,417	\$1,873	\$1,924	\$2,212
	Brown	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$972	\$1,041	\$1,249	\$1,443	\$1,616	\$1,859
	Bureau	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$936	\$1,002	\$1,203	\$1,429	\$1,697	\$1,951
	Calhoun	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,170	\$1,254	\$1,504	\$1,884	\$2,167	\$2,492
	Carroll	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,360	\$1,667	\$1,917
	Cass	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,444	\$1,753	\$2,016
	Champaign	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,085	\$1,136	\$1,363	\$1,686	\$1,756	\$1,976
	Christian	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,708

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
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Clark		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$964	\$1,033	\$1,240	\$1,432	\$1,597	\$1,763
Clay		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,368	\$1,507	\$1,710
Clinton		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,170	\$1,254	\$1,504	\$1,884	\$2,167	\$2,492
Coles		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,426	\$1,523	\$1,751
Cook		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,750	\$1,872	\$2,113	\$2,714	\$3,188	\$3,667
Crawford		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$963	\$1,032	\$1,237	\$1,431	\$1,753	\$2,016
Cumberland		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,048	\$1,122	\$1,347	\$1,557	\$1,735	\$1,916
De Witt		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,020	\$1,092	\$1,311	\$1,515	\$1,888	\$2,171
DeKalb		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,142	\$1,270	\$1,666	\$2,269	\$2,797	\$3,217
Douglas		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$991	\$1,062	\$1,275	\$1,473	\$1,644	\$1,813
DuPage		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,750	\$1,872	\$2,113	\$2,714	\$3,188	\$3,667
Edgar		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
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RHS	\$910	\$975	\$1,170	\$1,424	\$1,590	\$1,829
Edwards	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,702
Effingham	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,063	\$1,139	\$1,366	\$1,578	\$1,761	\$1,943
Fayette	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,663
Ford	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$966	\$1,035	\$1,242	\$1,463	\$1,602	\$1,767
Franklin	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,732
Fulton	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,440	\$1,519	\$1,747
Gallatin	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,710
Greene	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,717
Grundy	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,254	\$1,381	\$1,812	\$2,399	\$2,407	\$2,738
Hamilton	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,412	\$1,507	\$1,710
Hancock	RHS					
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$966	\$1,035	\$1,242	\$1,434	\$1,600	\$1,765
Hardin	RHS					

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
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	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,710
Henderson	RHS					
RHS	\$910	\$975	\$1,170	\$1,463	\$1,507	\$1,710
Henry	RHS					
RHS	\$1,026	\$1,099	\$1,320	\$1,603	\$1,894	\$2,178
Iroquois	RHS					
RHS	\$931	\$997	\$1,197	\$1,382	\$1,542	\$1,751
Jackson	RHS					
RHS	\$910	\$975	\$1,172	\$1,531	\$1,556	\$1,790
Jasper	RHS					
RHS	\$973	\$1,043	\$1,252	\$1,446	\$1,612	\$1,780
Jefferson	RHS					
RHS	\$910	\$975	\$1,184	\$1,440	\$1,636	\$1,881
Jersey	RHS					
RHS	\$1,170	\$1,254	\$1,504	\$1,884	\$2,167	\$2,492
Jo Daviess	RHS					
RHS	\$1,057	\$1,133	\$1,359	\$1,570	\$1,752	\$1,934
Johnson	RHS					
RHS	\$910	\$975	\$1,170	\$1,436	\$1,813	\$2,085
Kane	RHS					
RHS	\$1,750	\$1,872	\$2,113	\$2,714	\$3,188	\$3,667
Kankakee	RHS					
RHS	\$1,030	\$1,145	\$1,501	\$1,985	\$1,993	\$2,292

**Illinois Housing Development Authority's
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Kendall		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,714	\$1,726	\$2,263	\$3,172	\$3,276	\$3,767
Knox		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,356	\$1,507	\$1,663
Lake		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,750	\$1,872	\$2,113	\$2,714	\$3,188	\$3,667
LaSalle		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$955	\$1,023	\$1,228	\$1,648	\$1,854	\$2,132
Lawrence		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,663
Lee		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$966	\$1,035	\$1,242	\$1,484	\$1,602	\$1,820
Livingston		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,017	\$1,089	\$1,308	\$1,510	\$1,684	\$1,859
Logan		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$934	\$1,001	\$1,201	\$1,400	\$1,549	\$1,709
Macon		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$963	\$1,031	\$1,237	\$1,583	\$1,870	\$2,150
Macoupin		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$957	\$1,025	\$1,230	\$1,421	\$1,700	\$1,955
Madison		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,170	\$1,254	\$1,504	\$1,884	\$2,167	\$2,492
Marion		RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms

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RHS	\$910	\$975	\$1,170	\$1,351	\$1,745	\$2,007
	Marshall	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,026	\$1,098	\$1,318	\$1,560	\$1,699	\$1,882
	Mason	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$913	\$978	\$1,174	\$1,459	\$1,744	\$2,005
	Massac	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,397	\$1,507	\$1,710
	McDonough	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,399	\$1,658	\$1,907
	McHenry	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,750	\$1,872	\$2,113	\$2,714	\$3,188	\$3,667
	McLean	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,248	\$1,337	\$1,605	\$1,854	\$2,068	\$2,282
	Menard	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,204	\$1,290	\$1,549	\$1,835	\$1,996	\$2,203
	Mercer	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,026	\$1,099	\$1,320	\$1,603	\$1,894	\$2,178
	Monroe	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,170	\$1,254	\$1,504	\$1,884	\$2,167	\$2,492
	Montgomery	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$982	\$1,052	\$1,263	\$1,458	\$1,627	\$1,796
	Morgan	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$990	\$1,061	\$1,273	\$1,471	\$1,691	\$1,944
	Moultrie	RHS				

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
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	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,039	\$1,113	\$1,336	\$1,545	\$1,753	\$2,016
Ogle	RHS					
RHS	\$1,068	\$1,144	\$1,374	\$1,587	\$1,770	\$1,953
Peoria	RHS					
RHS	\$1,026	\$1,098	\$1,318	\$1,560	\$1,699	\$1,882
Perry	RHS					
RHS	\$910	\$975	\$1,170	\$1,420	\$1,733	\$1,993
Piatt	RHS					
RHS	\$1,085	\$1,136	\$1,363	\$1,686	\$1,756	\$1,976
Pike	RHS					
RHS	\$910	\$975	\$1,170	\$1,351	\$1,570	\$1,805
Pope	RHS					
RHS	\$933	\$1,000	\$1,200	\$1,387	\$1,548	\$1,732
Pulaski	RHS					
RHS	\$910	\$975	\$1,170	\$1,463	\$1,753	\$2,016
Putnam	RHS					
RHS	\$1,059	\$1,134	\$1,362	\$1,572	\$1,755	\$2,016
Randolph	RHS					
RHS	\$988	\$1,059	\$1,270	\$1,467	\$1,712	\$1,969
Richland	RHS					
RHS	\$910	\$975	\$1,170	\$1,351	\$1,715	\$1,972
Rock Island	RHS					
RHS	\$1,026	\$1,099	\$1,320	\$1,603	\$1,894	\$2,178

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
Effective April 1, 2025**

	Saline	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,204	\$1,290	\$1,549	\$1,835	\$1,996	\$2,203
	Sangamon	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$970	\$1,039	\$1,246	\$1,440	\$1,753	\$2,016
	Schuyler	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,038	\$1,111	\$1,335	\$1,541	\$1,719	\$1,898
	Scott	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$951	\$1,019	\$1,222	\$1,413	\$1,615	\$1,857
	Shelby	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,170	\$1,254	\$1,504	\$1,884	\$2,167	\$2,492
	St. Clair	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,398	\$1,507	\$1,663
	Stark	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,026	\$1,098	\$1,318	\$1,560	\$1,699	\$1,882
	Stephenson	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,691
	Tazewell	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,026	\$1,098	\$1,318	\$1,560	\$1,699	\$1,882
	Union	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$942	\$1,009	\$1,212	\$1,399	\$1,561	\$1,723
	Vermilion	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$910	\$975	\$1,201	\$1,466	\$1,621	\$1,864
	Wabash	RHS				
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms

**Illinois Housing Development Authority's
Schedule of Maximum Monthly Gross Rents for the Rental Housing Support Program
Effective April 1, 2025**

RHS	\$951	\$1,018	\$1,222	\$1,463	\$1,575	\$1,738
Warren	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$939	\$1,005	\$1,206	\$1,393	\$1,734	\$1,994
Washington	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$1,072	\$1,149	\$1,378	\$1,593	\$1,777	\$1,961
Wayne	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$910	\$975	\$1,170	\$1,351	\$1,507	\$1,710
White	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$910	\$975	\$1,170	\$1,435	\$1,507	\$1,706
Whiteside	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$969	\$1,038	\$1,245	\$1,438	\$1,605	\$1,771
Will	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$1,750	\$1,872	\$2,113	\$2,714	\$3,188	\$3,667
Williamson	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$923	\$975	\$1,237	\$1,703	\$1,847	\$2,124
Winnebago	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$972	\$1,080	\$1,417	\$1,873	\$1,924	\$2,212
Woodford	RHS					
Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms	
RHS	\$1,026	\$1,098	\$1,318	\$1,560	\$1,699	\$1,882

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
DEFINITION OF INCOME AND ASSETS

(Inclusions and Exclusions)

INCOME INCLUSIONS

- (1) The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
- (2) The net income from operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the household;
- (3) Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for depreciation is permitted only as authorized in paragraph (2) above. Any withdrawal of cash or assets from an investment will be included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the household.
- (4) The full amount of periodic amounts received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount, except as provided in paragraph (13) under Income Exclusions (e.g., Black Lung Sick benefits, Veterans Disability, Dependent Indemnity Compensation, payments to the widow of a serviceman killed in action);
- (5) Payments in lieu of earnings, such as unemployment, disability compensation, worker's compensation, and severance pay, except as provided in paragraph (3) under Income Exclusions;
- (6) Welfare Assistance.
 - (a) Welfare assistance received by the household.
 - (b) If the welfare assistance payment includes an amount specifically designated for shelter and utilities the household is ineligible for the Rental Housing Support Program. Households cannot receive other housing assistance while participating in the Rental Housing Support Program.

- (7) Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling; and
- (8) All regular pay, special pay, and allowances of a member of the Armed Forces, except as provided in paragraph (7) under Income Exclusions.

INCOME EXCLUSIONS

- (1) Income from employment of children (including foster children) under the age of 18 years;
- (2) Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant household, who are unable to live alone); This rule applies only to payments made through the official foster care relationships with local welfare agencies.
- (3) Lump-sum additions to household assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses, except as provided in paragraph (5) under Income Inclusions;
- (4) Adoption assistance payments received by the household made by an official agency.
- (5) Amounts received by the household that are specifically for, or in reimbursement of, the cost of medical expenses for any household member;
- (6) Income of a live-in aide,
- (7) The full amount of student financial assistance paid directly to the student or to the educational institution;
- (8) The special pay to a household member serving in the Armed Forces who is exposed to hostile fire (e.g., in the past, special pay included Operation Desert Storm);
- (9)
 - (a) Amounts received under training programs funded by HUD (e.g., training received under Section 3);
 - (b) Amounts received by a person with a disability that are disregarded for a limited time for purposes of supplemental security income eligibility and benefits because they are set-aside for use under a Plan to Attain Self-Sufficiency (PASS);
 - (c) Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and which are made solely to allow participation in a specific program;
 - (d) Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed \$200 per month) received by a resident for performing a service for the Landlord, on a part-time basis, that enhances the quality of life in the project. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident-initiative coordination. No resident may receive more than one such stipend during the same period of time; or

- (e) Incremental earnings and benefits resulting to any household member from participation in qualifying state or local employment training programs (including training programs not affiliated with a local government) and training of a household member as a resident management staff person. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for the period during which the household member participates in the employment training program.
- (10) Temporary, nonrecurring, or sporadic income (including gifts);
- (11) Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era. (Examples include payments by the German and Japanese governments for atrocities committed during the Nazi era);
- (12) Adoption assistance payments per adopted child;
- (13) Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump-sum amount or in prospective monthly amounts;
- (14) Amounts received by the household in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;
- (15) Amounts paid by a state agency to a household with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled household member at home; or
- (16) Amounts specifically excluded by a federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs used as a guide in the determination of income under the Rental Housing Support Program. The following is a list of income sources that currently qualify for that exclusion:
 - (a) The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017 [b]);
 - (b) Payments to Volunteers under the Domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058) (employment through AmeriCorps, Volunteers in Service to America [VISTA], Retired Senior Volunteer Program, Foster Grandparents Program, youthful offender incarceration alternatives, senior companions);
 - (c) Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626[c])
 - (d) Income derived from certain sub marginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
 - (e) Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624[f]);
 - (f) Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552[b]); (effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998 [29 U.S.C. 2931], e.g., employment and training programs for Native Americans and migrant and seasonal farm workers, Job Corps, veterans employment programs, state job training programs, career intern programs, Americorps);
 - (g) Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L- 94-540, 90 Stat. 2503-04);

- (h) The first \$2,000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U. S. Claims Court and the interests of individual Indians in trust or restricted lands, including the first \$2,000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408);
- (i) Amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under federal work-study programs or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu);
- (j) Payments received from programs funded under Title V of the Older Americans Act of 1985 (42 U.S.C. 3056[f]), e.g., Green Thumb, Senior Aides, Older American Community Service Employment Program;
- (k) Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent*-product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- (l) Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);
- (m) The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);
- (n) Earned income tax credit (EITC) refund payments received on or after January 1, 1991, including advanced earned income credit payments (26 U.S.C. 32[jj]);
- (o) Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433);
- (p) Allowances, earnings, and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637[d]);
- (q) Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran (38 U.S.C. 1805);
- (r) Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); and
- (s) Allowances, earnings, and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931).

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

RENTAL HOUSING SUPPORT PROGRAM

DEFINITION OF ASSETS

(Inclusions and Exclusions)

NOTE: There is no asset limitation for participation in the Rental Housing Support Program. However, the definition of annual income includes net income from assets.

Asset Inclusions

- (1) Cash held in savings and checking accounts, safe deposit boxes, homes, etc. For savings accounts, use the current balance. For checking accounts, use the average balance for the last six months. Assets held in foreign countries are considered assets.
- (2) Revocable trusts. Include the cash value of any revocable trust available to the household. *(See discussion of trusts in the Rental Housing Support Program Compliance Manual)*
- (3) Equity in rental property or other capital investments. Include the current fair market value less (a) any unpaid balance on any loans secured by the property and (b) reasonable costs that would be incurred in selling the asset (e.g., penalties, broker fees, etc.).

NOTE: If the person's main business is real estate, then count any income as business income, do not count it both as an asset and business income. *(See discussion of trusts in the Rental Housing Support Program Compliance Manual)*

- (4) Stocks, bonds, Treasury bills, certificates of deposit, mutual funds, and money market accounts. Interest or dividends earned are counted as income from assets even when the earnings are reinvested. The value of stocks and other assets vary from one day to another. The value of the asset may go up or down the day before or after rent is calculated and multiple times during the year thereafter. The Preparer may assess the value of these assets at any time after the authorization for the release of information has been received. The tenant may request an interim recertification at any time thereafter that a decrease in stock value may result in a decrease in rent.

- (5) Individual retirement, 401K, and Keogh accounts. These are included when the holder has access to the funds, even though a penalty may be assessed. If the individual is making occasional withdrawals from the account, determine the amount of the asset by using the average balance for the previous six months. (Do not count withdrawals as income.)

Example – Withdrawals from a Keogh Account

Ly Pham has a Keogh account valued at \$30,000. When she turns 70 years old, she begins drawing \$2,000 a year. Continue to count the account as an asset. Do not count the \$2,000 she withdraws as income. (Use the guidance in the *Rental Housing Support Program Compliance Manual*.)

- (6) Retirement and pension funds.
- (a) While the person is employed. Include only amounts the household can withdraw without retiring or terminating employment. Count the whole amount less any penalties or transaction costs. (See the *Rental Housing Support Program Compliance Manual* for further clarification.)
- (b) At retirement, termination of employment, or withdrawal. Periodic receipts from pension and retirement funds are counted as income. Lump-sum receipts from pension and retirement funds are counted as assets. Count the amount as an asset or as income, as provided below.
- (1) If benefits will be received in a lump sum, include the lump-sum receipt in net household assets.
- (2) If benefits will be received through periodic payments, include the benefits in annual income. Do not count any remaining amounts in the account as an asset.
- (3) If the individual initially receives a lump-sum benefit followed by periodic payments, count the lump-sum benefit as an asset as provided in the example below and treat the periodic payment as income. In subsequent years, count only the periodic payment as income. Do not count the remaining amount as an asset.

NOTE: This paragraph and the example below assume that the lump-sum receipt is a one-time receipt and that it does not represent delayed periodic payments. However, in situations in which a lump-sum payment does represent delayed periodic payments, then the amount would be considered as income and not an asset.

Example – Retirement Benefits as Lump-Sum and Periodic Payments

Upon retirement, Eleanor Reilly received a lump-sum payment of \$15,000. She will also receive periodic pension payments of \$350 a month.

The lump-sum amount of \$15,000 is generally treated as an asset. In this instance, however, Eleanor spent \$5,000 of the lump sum on a trip following her retirement. The remaining \$10,000 she placed in her mutual fund with other savings. The entire mutual fund will be counted as an asset.

The Preparer has verified that Eleanor is now not able to withdraw the balance from her pension. Therefore, the Preparer will count the \$350 monthly pension payment as annual income and will not list the pension account as an asset.

- (7) Cash value of life insurance policies available to the individual before death (e.g., the surrender value of a whole life policy or a universal life policy). It would not include a value for term insurance, which has no cash value to the individual before death.
- (8) Personal property held as an investment. Include gems, jewelry, coin collections, or antique cars held as an investment. Personal jewelry is NOT considered an asset.
- (9) Lump-sum receipts or one-time receipts. These include inheritances, capital gains, one-time lottery winnings, victim's restitution, settlements on insurance claims (including health and accident insurance, worker's compensation, and personal or property losses), and any other amounts that are not intended as periodic payments.
- (10) A mortgage or deed of trust held by an applicant.
 - (a) Payments on this type of asset are often received as one combined payment of principal and interest with the interest portion counted as income from the asset.
 - (b) This combined figure needs to be separated into the principal and interest portions of the payment. (This can be done by referring to an amortization schedule that relates to the specific term and interest rate of the mortgage.)

- (c) To count the actual income for this asset, use the interest portion due, based on the amortization schedule, for the 12-month period following the certification.

Asset Exclusions

IMPORTANT: The Preparer does not compute income from any assets in this paragraph.

- (1) Personal property (clothing, furniture, cars, wedding ring, other jewelry that is not held as an investment, vehicles specially equipped for persons with disabilities).
- (2) Interests in Indian trust land.
- (3) Term life insurance policies (i.e., where there is no cash value).
- (4) Equity in the cooperative unit in which the household lives.
- (5) Assets that are part of an active business. "Business" does NOT include rental of properties that are held as investments unless such properties are the applicant's or tenant's main occupation.

Example – Assets that are Part of an Active Business

- Laura and Lester Gamba own a copier and courier service. None of the equipment that they use in their business is counted as an asset (e.g., the copiers, the FAX machines, the bicycles).
- April Washington rents out the home that she and her husband lived in for 42 years. This home is not an active business asset. Therefore, it is considered an asset and the Preparer must determine the annual income that April receives from it.

- (6) Assets that are NOT effectively owned by the applicant. Assets are not effectively owned when they are held in an individual's name, but (a) the assets and any income they earn accrue to the benefit of someone else who is not a member of the household, and (b) that other person is responsible for income taxes incurred on income generated by the assets.

NOTE: Non-revocable trusts (i.e., irrevocable trusts) are not covered by this paragraph. (See *information on non-revocable trusts in the Rental Housing Support Program Compliance Manual.*)

**Example – Assets not Effectively
Owned by the Applicant**

Net household assets do not include assets held pursuant to a power of attorney because one party is not competent to manage the assets, or assets held in a joint account solely to facilitate access to assets in the event of an emergency.

Example: Alexander Cumbow and his daughter, Emily Bornscheuer, have a bank account with both names on the account. Emily's name is on that account for the convenience of her father in case an emergency arises that would result in Emily handling payments for her father. Emily has not contributed to this asset, does not receive interest income from it, nor does she pay taxes on the interest earned. Therefore, Emily does not own this account. If Emily applies for assisted housing, the Preparer should not count this account as her asset. This asset belongs to Alexander and would be counted entirely as the father's asset should he apply for assisted housing.

- (7) Assets that are not accessible to the applicant and provide no income to the applicant. Non-revocable trusts are not covered under this paragraph. *(See information on non-revocable trusts in the Rental Housing Support Program Compliance Manual.)*

Example

A battered spouse owns a house with her husband. Because of the domestic situation, she receives no income from the asset and cannot convert the asset to cash.

* For more detail and guidance, please refer to the Rental Housing Support Program Compliance Manual on the Illinois Housing Development Authority's website at www.ihda.org

TENANT BILL OF RIGHTS INSTRUCTIONS (LAA's & LTOS)

****NOTE: The contents of this section are to be used as an example of how to create a Tenant Bill of Rights and lists contents that are required to be part of it. This is not to be used as the TBOR for your program. This document should be given to the tenant at move-in, drafted on your letterhead and must be included for review in file audits. ****

Program Eligibility Requirements:

Eligible tenants must be either extremely low-income households (a household whose annual income is less than or equal to 30% of the median income of the area in which the rental unit is located, as determined from time to time by the U.S. Department of Housing and Urban Development (HUD)), or severely low-income households (a household whose annual income is less than or equal to 15% of the income of the area in which the rental unit is located, as determined from time to time by HUD). Annual income includes all amounts, monetary or not, received or anticipated to be received, from a source outside the household, by or on behalf of the head, spouse or co-head of the household, or any other household member over the age of 18, during a 12-month period and also includes income from the family's assets.

To apply for acceptance under the Program, applicants must complete and submit an application along with evidence of their annual income to the LAA. Each prospective tenant must provide an income certification to the landlord when applying to occupy a rental unit and each time thereafter that the tenant applies to renew the lease for the rental unit, certifying that the income information the prospective tenant provided is accurate and complete.

Households that are already receiving or will receive rental assistance under any federal or local program are not eligible for participation under the RHS program.

Rights & Responsibilities of Tenants:

Tenant Contribution:

The tenant is responsible for payment for the difference between the Rental Assistance and the Rent (the "Tenant Contribution"), which must be paid directly to the landlord on a timely basis, as detailed in the lease. Neither the rent nor the Tenant Contribution may be increased by the landlord during the term of the lease; however, an increase in the tenant's income may result in an increase of the Tenant Contribution any time during the course of the lease or upon the renewal of it. The tenant must notify the landlord during the year if his or her annual income or family composition increases or decreases.

Lease Renewal:

If a tenant wishes to renew a lease and continue to receive Rental Assistance under the Program, prior to the end of the lease the landlord must recertify the annual household income of the tenant. Accordingly, prior to the renewal of the lease, the tenant must provide the landlord with all necessary documentation and all rental unit occupants 18 years of age or older, complete and sign a Tenant Income Certification, and provide the landlord with all information and documentation necessary to determine the annual

household income and continued eligibility in the Program, including any changes to the tenant's family composition residing in the rental unit and other relevant information.

If the tenant's annual income exceeds the extremely low-income household limit as a result of an increase in the tenant's annual income, the tenant may choose from the following options:

(a) the tenant, at the tenant's choice, and subject to local tenant landlord rules, will be permitted to remain in the rental unit at full rent payment; or

(b) the tenant may remain in the unit and pay a "Transitional Contribution" for a period of one year following the discovery that they are no longer income eligible. The Transitional Contribution shall equal the Tenant Contribution prior to the income increase above the extremely low-income household threshold, plus one half of the previously paid subsidy portion. The tenant's new lease will reflect the new payment. Following the 12-month period under the Transitional Contribution, the tenant, at the tenant's choice and subject to local tenant landlord rules, will be permitted to remain in the unit at full rent payment.

Fraud:

Tenants participating in the Program must certify that the information presented for approval under the Program is true and accurate. The provision of false information herein constitutes an act of fraud and may result in the termination of the Rental Assistance and/or the lease.

Local Landlord Laws & Procedures:

Confidentiality:

The landlord may not disclose any information in connection with the tenant's annual income to any person or entity, other than the LAA, the Illinois Housing Development Authority, or as otherwise required by law.

Non-discrimination:

Landlords participating under the program must comply with the applicable provisions of the Illinois Human Rights Act, 775 ILCS 5/1 *et seq.* and the regulations promulgated under that Act, the Fair Housing Act, 42 USC 3601 *et seq.*, Section 504 of the Rehabilitation Act of 1973, 29 USC 794, the Illinois Environmental Barriers Act, 410 ILCS 25/1 *et seq.*, the Illinois Accessibility Code, 71 Ill. Adm. Code 400, and all other applicable State and federal law concerning discrimination and fair housing. Tenants should report any housing-related discrimination to the LAA.

Appeals:

All disputes between landlords and tenants concerning annual income certifications or other eligibility requirements under the Program will be initially resolved by the LAA. If the LAA is unable to resolve the dispute, any of the parties involved may take an appeal to the applicable agency. In the event of an appeal, all parties must submit a written statement of their position and all relevant documentation to the applicable agency and the agency will make a final decision based on the documentation submitted.

Rights of the Disabled:

Definition of Disability: Federal laws define a person with a disability as "Any person who has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment."

In general, a physical or mental impairment includes hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex, and mental retardation that substantially limit one or more major life activities. Major life activities include walking, talking, hearing, seeing, breathing, learning, performing manual tasks, and caring for oneself.

Disability Rights in Private and Public Housing: Regardless of whether you live in private or public housing, Federal laws provide the following rights to persons with disabilities:

- ***Prohibits discrimination against persons with disabilities.*** It is unlawful for a housing provider to refuse to rent or sell to a person simply because of a disability. A housing provider may not impose different application or qualification criteria, rental fees or sales prices, and rental or sales terms or conditions than those required of or provided to persons who are not disabled.
- ***Requires housing providers to make reasonable accommodations for persons with disabilities.*** A reasonable accommodation is a change in rules, policies, practices, or services so that a person with a disability will have an equal opportunity to use and enjoy a dwelling unit or common space. A housing provider should do everything s/he can to assist, but s/he is not required to make changes that would fundamentally alter the program or create an undue financial and administrative burden. Reasonable accommodations may be necessary at all stages of the housing process, including application, tenancy, or to prevent eviction.
- ***Requires housing providers to allow persons with disabilities to make reasonable modifications.*** A reasonable modification is a structural modification that is made to allow persons with disabilities the full enjoyment of the housing and related facilities. Reasonable modifications are usually made at the resident's expense.
- ***Requires that new covered multifamily housing be designed and constructed to be accessible.*** In covered multifamily housing consisting of 4 or more units with an elevator built for first occupancy after March 13, 1991, all units must comply with the following seven design and construction requirements of the Fair Housing Act:
 - Accessible Entrance on an Accessible Route
 - Accessible Public and Common-Use Areas
 - Usable Doors
 - Accessible Route Into and Through the Dwelling Unit
 - Accessible Light Switches, Electrical Outlets, Thermostats, and Environmental Controls
 - Reinforced Walls in Bathrooms
 - Usable Kitchens and Bathrooms

Zoning and Land Use: It is unlawful for local governments to utilize land use and zoning policies to keep persons with disabilities from locating to their area.

State and Local Laws: Many states and localities have fair housing laws that are substantially equivalent to the Federal Fair Housing Act. Some of these laws prohibit discrimination on additional bases, such as source of income or marital status. Some of these laws may impose more stringent design and construction standards for new multifamily housing.

Note: The preceding information about the rights of the disabled can be found at the following URL:
http://portal.hud.gov/hudportal/HUD?src=/program_offices/fair_housing_equal_opp/disabilities/inhousing

Contact Information:

For more information regarding the Program, please visit the Authority's website, www.ihda.org or contact Matthew Fifer at the Authority at (312)836-8577 or the nearby LAA.

Rental Housing Support (RHS) Re-Entry Program
Summary Guidelines

Overview	The RHS Re-Entry Program (“Program”) is designed to provide stable and affordable housing for individuals exiting the Illinois Department of Corrections (“IDOC”) facilities who are Extremely Low Income and Severely Low Income (as those terms as defined in the Act) in the State of Illinois (outside of Chicago). The Illinois Housing Development Authority (“IHDA”) awards funds to Local Administering Agencies (“LAAs”) to locate rental units and provide rental subsidies. The LAA, whether directly or working in partnership with another agency, ensures tenants have access to supportive services. The Program subject to the Rental Housing Support Program Act (310 ILCS 105) (“Act”) and the rules promulgated under the Act (47 Ill. Admin Code 380) (“Rules”). Funding is strictly for rental subsidies. Supportive services are not an eligible use of Program funds and must be paid by another source.
Duration of Program	The Program started as a pilot in 2019 and continues to renew LAA contracts and provide rental subsidies. A new round of funding is anticipated to open in late 2025 or early 2026. LAAs are awarded initial three-year contracts that are renewable subject to performance and compliance.
Goals	Provide stable and affordable housing to Extremely Low Income and Severely Low Income returning citizens through unit-based rental subsidies. The Program is designed to leverage rental subsidies with Supportive Services (as defined below) available through the LAA or its partner agency. The housing and services provided give tenants an opportunity to lead stable, independent, and healthy lives with the goal of avoiding homelessness and reincarceration.
Supportive Services	Supportive services will be offered to tenants directly by the LAA or through agreement by a partner. Supportive services, at minimum, must be voluntary and include case management, tenancy support services, and access to behavioral health services (which includes substance use and mental health services). Services should include opportunities to increase the tenants’ income through earned or unearned sources and connecting the tenant to mainstream benefits. Services may also include independent living skills support, transportation assistance, and education/employment supports.
Tenant Eligibility	Eligible tenants must have been incarcerated in an Illinois correctional facility and are referred to LAAs by IDOC. Additionally, eligible tenants must have a household income at or below 30% of the Area Median Income.
Structure of Assistance	<p>IHDA signs three-year contracts with LAAs selected under a competitive request for proposal process. LAAs may apply for three-year renewals of their contracts after the initial contract period. All contracts are subject to funding availability and satisfactory compliance and performance.</p> <p>LAAs partner with approved property owners (Landlords) willing to make their units available to eligible tenants. Tenants are required to pay a monthly contribution directly to their Landlord equal to approximately 30% of their annual income. The difference between the rent amount and the tenant contribution is the assistance or rental subsidy. IHDA provides the rental subsidy to the LAAs on a</p>

	quarterly basis and the LAAs disburse those funds to the Landlords when the monthly rent becomes due.
Service Area	The Program is available statewide (outside of Chicago), and will serve the areas covered by the LAAs that are selected through a competitive request for proposal process. Preference will be given to LAAs that serve areas of need identified by IDOC.
Local Administering Agencies (LAA)	Eligible LAAs under the Program shall be units of local government, local Housing Authorities organized under the Illinois Housing Authorities act, or not-for-profit organizations organized under the General Not-For-Profit Corporation Act of 1986, as amended (805 ILCS 105/) and registered and in good standing with the Illinois Secretary of State.
Expected Households Assisted	Fiscal year 2026 award: 50-75 households.
Not to Exceed	Fiscal year 2026 award: \$2,750,000.

EXHIBIT 1

Staff Position Summaries

RHS Program Coordinator

- Conducts program compliance document reviews of assigned portfolio of projects based on prescribed timeframes (to assess and facilitate compliance with applicable Federal, State, local rules and standards).
- Collects, prepares, reviews, approves, and maintains all program documentation (including RFP/RFQ, proposals, applications, budgets, audits, rent schedules, utility allowances, income/rent limits, contracts, renewals, compliance monitoring findings, responses, resolutions, reports, etc.) as required.
- Participates in pre-closing, closing, pre-occupancy, and post-closing discussions and meetings as appropriate. Prepares and processes program administration documents required for closing,
- Coordinates with the Statewide Referral Network (including with DHS personnel) as appropriate.
- Coordinates with Strategic Planning and Research, Legal, and Multifamily Finance departments regarding developer/project participation in assigned program.
- Serves as the subject matter expert for the assigned program.
- Coordinates with Local Administering Agencies (LAAs), LTOS grantees or other inter- or intra-agency partners.
- Performs other duties and handles other special projects/initiatives as assigned.
- Train new LAA & LTOS grantees on program policies & compliance requirements
- Present new grants and renewing grants to IHDA board as needed.

New responsibility due to 2019 Internal Audit Findings Corrective Action.

- Review & Reconcile Quarterly Payments made by RHS Program Administration Officer.

RHS Program Administration Officer

- Conducts program compliance document reviews and follow-up for assigned portfolio of projects based on prescribed timeframes (to assess and facilitate complete and timely compliance with applicable Federal, State, local rules and standards).
- Prepares and maintains all program compliance documentation (including compliance monitoring findings, responses, resolutions, reports) as required.
- Proactively communicates with the property owner, manager, agent regarding operational issues, compliance requirements, options and deadlines for resolution.
- Intakes, responds to, and resolves owner/agent or tenant inquiries or complaints.
- Prepares and processes contracts and renewals as needed.
- Assists with identifying and resolving system errors.
- Performs other duties and handles other special projects/initiatives as assigned.

New responsibility due to 2019 Internal Audit Findings Corrective Action.

- Process Quarterly Payments to all grantees of the RHS & LTOS programs.

- The Program Administration Officer will maintain a report to track late receipt of documentation including Tenant Income Certifications received after the recertification date and vacancy reports not received within 3 days of the vacancy.

Manager – Rental Assistance

- Oversight for the RAC process, payment procedures, also as required the review of policy and procedure changes, trainings and any compliance issues.
- Effective in 2020 RHS/LTOS manager will review summary page of audits for compliance and findings prior to submission to LAA and LTOS for procedural oversight of the RHS/LTOS staff's task compliance.

EXHIBIT 2

Instructions

Before releasing Rental Assistance funds for a Unit, the LAA or its agent shall inspect the Unit and the common areas and grounds of the the building in which the Unit is located, and shall certify that the Units and the common grounds of the building comply with Housing Quality Standards.

This inspection form should be for initial and bi-annual inspections. The form should be used to record the physical condition of units. This includes appliances, doors, locks, smoke detectors, and other health and safety items.

During initial and bi-annual inspections **all units must be inspected.**

This inspection form is to be maintained by LAAs in a file sorted by Landlord.

The final section of the inspection form is optional. Tenants do not have to answer any questions asked.

If the unit has deficiencies listed on the inspection form, the unit has not met the Housing Quality Standards and the following action is required:

The Owner is required to correct deficient items within 30 days. When corrected, the Landlord should submit proof to the LAA that the deficient item has been corrected.

If a major deficiency is a health and safety hazard, the Landlord is required to correct the deficiency within 72 hours. The Landlord is required to submit proof of correction to the LAA. (If a deficiency is not corrected within a 72 hour period, the landlord shall use its best efforts to find a replacement units for the Resident.)

Common health and safety hazards:

- Poor air quality
- Electrical hazards
- Elevators
- Emergency/fire exits
- Flammable materials
- Garbage and debris
- Handrails hazards
- Infestation
- Lead-based paint

(For example, the buildings must have fire exits that are not blocked and have hand rails that are undamaged and have no other observable deficiencies.

The housing must have no evidence of infestation by rats, mice, or other vermin, or of garbage and debris. The housing must have no evidence of electrical hazards, natural hazards, or fire hazards. The dwelling units and common areas must have proper ventilation and be free of mold, odor (e.g., propane, natural gas, methane gas), or other observable deficiencies. The housing must comply with all requirements related to the evaluation and reduction of lead-based paint hazards and have available proper certifications.)

Inspection Form

Property and Unit# 0

LAA	Tenant	Date of Request (mm/dd/yyyy)		
Inspector	Date Last Inspection (mm/dd/yyyy)	Date of Inspection (mm/dd/yyyy)		
Type of Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Re-inspection		Property Name		
A. General Information Street Address or Inspected Unit		Housing Type (Check as appropriate) <input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise:3-4 story/Garden <input type="checkbox"/> High Rise; 5 or more story <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Ind. Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other: (Specify)		
City	County		State	Zip
Name of Family			Current Telephone of Family	
Current Street Address of Family				
City	County		State	Zip
Number of Children in Family Under 6				
Name of Owner or Agent Authorized to Lease Unit Inspected				
Address of Owner or Agent			Head of Household Signature	
			Date: ___/___/___	

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

- No deficiencies**
No deficiencies were found.
- Some deficiencies**
These are minor deficiencies that do not require an extended period of time to repair, and do not include a unreasonable overall number of deficiencies.
- Major deficiencies**
These are either major deficiencies that must be addressed immediately, or a large number of minor deficiencies.

Unit Size: Count the number of bedrooms.

Year Constructed:

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or current occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating and Plumbing
outside	7. Building Exterior
overall	8. General Health and Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item has a deficiency, write what repairs are necessary.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

1. Living room

1.1 Living Room Present

Note: If the unit is efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e. there must be **two** of these in the room, or **one** of these **plus** a permanently installed ceiling or wall light fixture.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged in to outlets to determine workability. Be sure light fixture does not fail just because bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of this means: broken wiring; noninsulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging room electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); window or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the window in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in the condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

"Unsound or hazardous" means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; failing or in danger of falling loose surface materials (other than paper or paint.)

Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9.).

1.7 Wall Condition

"Unsound or hazardous" includes serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air filtration.

Pass wall that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

"Unsound or hazardous" means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g. tripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, specially if badly worn, soiled or peeling (for peeling paint, see 1.9)

1.9 Lead-Based Paint

This requirement applied to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceiling, built in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room space, or more than 10% of the total surface area of an interior type component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis* level repairs

2. Kitchen

2.11 Refrigerator

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may either a separate room or an area of a larger room (for example, a kitchen areas in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living room" with the following modifications:

2.2. Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail". Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working conditions," also look hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot - a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range)

A microwave oven may be substituted or an owner supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet, marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable cabinet will satisfy the requirement. If there is no built-in space, and not room for a table and portable cabinet, check "inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

3. Bathroom

3.1 Bathroom Present

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e., a portable wash basin

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e. a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e. toilet, Washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See Inspection Manual for additional notes on rating the second bathroom.)

3.2-3.9 Explanations for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that at least one permanent light fixture is present and working.

3.3 Electrical Hazards

Note: In addition to the previous mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13 Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e. outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism off, check "Inconclusive." Obtain verification from owner and manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

The wash basin must be permanently installed (i.e. a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirement under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate for the other bathroom facilities. (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner and manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working" but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10)

3.12 Tub or Shower in Unit

Not present means that neither tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner and manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

4. Other Room Used for Living and Halls

Complete an "Other Room" Checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2 and

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

3 of the checklist. See the discussion below for definition of “used for living.” See the discussion below for definition of “used for living” Also complete an “Other Room” checklist for all entrance halls, corridors and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e. as part of one space).

Additional forms for rating “Other Rooms” are provided in the checklist.

Definition of “used for living.” Rooms “Used for living” are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do not include any of these areas if they are frequently used (e.g., a finished basement/playroom, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an “Other Room” checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Location

Enter the appropriate room code given below:

Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

- 1 = Bedroom or any other room used for sleeping (regardless of type of room)
- 1 = Dining Room or Dining Area
- 2 = Second Living Room, Family Room, Den, Playroom, TV Room
- 3 = Entrance Halls, Corridors, Halls, Staircases
- 4 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 5 = Other

Room Location: Write on the line provided the location of the room with respect to the unit’s width, length, and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back/rear or center of the unit.

floor level: Identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a “room used for sleeping” (see items 4.2 and 4.5)

If the room code is not a “1,” the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check “Fail.” If the electricity is turned off, check “Inconclusive.”

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be openable. The minimum standards do not require a window in “other” rooms. Therefore, if there is no window in another room not used for sleeping, check “Pass” and note “no window” in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Associates Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing impaired persons as specified in NFPA 74 (or successor standards).

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railing is covered under Part 8 of the checklist (General Health and Safety)

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for “other room

6.4 Condition of Exterior Surfaces

See definition above the roof, item 6.3.

6.5 Condition of Chimney

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)". Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4.

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check under the box under "inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roofs and Gutters

"Unsound or hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious defects in the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under the eaves) show serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

If the unit was built in January 1, 1978, or after no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applied to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceiling, built in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room space, or more than 10% of the total surface area of an interior type component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs

6.7 Manufactured Homes; Tie Downs

Manufactures homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tiedown device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

7. Heating

7.1 Adequacy of Heating Equipment

"Adequate heat" means the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a

present or has not occupied the unit during the summer months, test a sample or windows to see that they open (see inspection Manual for instruction).

"Working cooling equipment" includes; central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

healthy living environment in the area of the country it which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit's heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

"Directly or indirectly to all rooms used for living" means:

"directly" means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)
"indirectly" means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room many not have a radiator, but would receive heat from the heated living room through a large open archway.)

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check "inconclusive" and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check "inconclusive." It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of "unvented fuel burning space heaters" are: portable kerosene units; unvented open flame portable units.

"Other unsafe conditions" include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check "Inconclusive." Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check "Pass." This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g. a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not

Check "inconclusive" if there are no openable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

"Location presents hazard" means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature-pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check "inconclusive." Obtain verification of safety of system from owner or manager.

Check "Pass" if the water heater has passed a local inspection. This applies primarily to hot water heater that is supplied by large scale complex water heating system that serves multiple units (e.g. water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check "Pass." If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked "inconclusive," check with owner or manager for verification of adequacy.

7.6 Plumbing

"Major leaks" means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for "Bathroom" and "Kitchen.")

"Corrosion" (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the "rusty water" is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7. Sewer Connection

If the structure is connected to the city or town sewer system, check "Pass." If the structure has its own private disposal system (e.g., septic field), inquire in the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute "evidence of sewer back up": strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5

8. General Health and Safety

8.1 Access to Unit

"Through another unit" means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exit

components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces more than 2 sq. ft. in any one interior room space, or more than 10% of the total surface area of an interior type component with a small surface area (i.e., window sills, baseboards, and trim) must be stabilized (corrected) in accordance with

“Acceptable fire exit” means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An operable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

“Blocked” means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

“Presence of rats or severe infestation by mice or vermin” (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings or rat poison. If the unit is occupied, as the tenant,

8.4 Garbage and Debris

“Heavy accumulation” means large piles of trash and garbage, discarded furniture, and other debris (not temporarily store awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

“Adequate covered facilities” includes: trash cans with covers, garbage chutes, “dumpsters” (i.e. large scale refuse boxes with lids); trash bags (if approvable by local public agency). “Approvable by local public agency” means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are not adequate covered facilities present, check “Inconclusive.” Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

“Loose, broken, or missing steps” should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

“Other hazards” would be conditions such as bare electrical wires and tripping hazards.

If the unit was built in January 1, 1978, or after no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applied to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated pain include walls, floors, ceiling, built in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building

all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis* level repairs

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a shaper edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check “Not Applicable.”

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would “seriously and continuously endanger the health and safety of the residents” are:

other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),

evidence of flooding or major drainage problems,
evidence of mud slides or large land settlement or collapse,
proximity to open sewerage,
unprotected heights (cliffs, quarries, mines, sandpits),
fire hazards,
abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and
continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

1. Living Room				For each numbered item, check one box only.		Prop & Unit#	0
		Decision					
Item No.	Description	No deficiencies	Minor deficiencies	Major deficiencies	If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.	
1.1. Living Room Present	Is there a living room?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.2 Electricity	Are there at least two working outlets or one working outlet and one working light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.3. Electrical Hazards	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.5 Window Condition	Is there at least one window, and are all windows free of signs of severe deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.7 Wall Condition	Are the wall sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
	If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not applicable		
Additional Comments: (Give item number)							
Comments continued on separate page <input type="checkbox"/> Yes <input type="checkbox"/> No							

2. Kitchen				For each numbered item, check one box only.		Prop & Unit#	0
Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.	
		No deficiencies	Minor deficiencies	Major deficiencies			
2.1 Kitchen Area Present	Is there a kitchen present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.2 Electricity	Are there at least one working outlet and one working, permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.3 Electrical Hazards	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.5 Window Condition	Are all windows free of signs of deterioration or missing or broken panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.6 Ceiling Condition	Is the kitchen free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or less than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.10 Stove and Range with Oven	Is there a working oven, and a stove (or range) with top burners that work? If no oven or stove (or range) are present, is there a microwave oven and, if microwave is owner-supplied, do other tenants have microwave instead of an oven and stove (or range)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.11 Refrigerator	Is there a refrigerator that works and maintains a temperature low enough so that food does not spoil over a reasonable period of time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.12 Sink	Is there is a kitchen sink that works with hot and cold running water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2.13 Space of Storage, Preparation, and Serving of Food	Is there space to store, prepare, and serve food?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Additional Comments: (Give Item Number)(Use an additional page if necessary)							
Comments continued on separate page <input type="checkbox"/> Yes <input type="checkbox"/> No							

3. Bathroom				For each numbered item, check one box only.	Prop & Unit #	0
Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.
		No deficiencies	Minor deficiencies	Major deficiencies		
3.1 Bathroom Present (See Description)	Is there a bathroom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.2 Electricity	Is there at least one permanently installed light fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.3 Electrical Hazards	Is the bathroom free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.5 Window Condition	Are all windows free of signs of deterioration or missing or broken out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.9 Lead-Based Paint	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.10 Flush Toilet in Enclosed Room in Unit	Is there a working toilet in the unit for the exclusive private use of the tenant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.11 Fixed Wash Basin or Lavatory in Unit	Is there a working, permanently installed wash basin with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.12 Tub or Shower	Is there a working tub or shower with hot and cold running water in the unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.13 Ventilation	Are there openable windows or a working vent system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Additional Comments: (Give Item Number) (Use additional page if necessary)						
Comments continued on separate page <input type="checkbox"/> Yes <input type="checkbox"/> No						

4. Other Rooms Used for Living and Halls For each numbered item, check one box only.				Prop. & Unit#	0
4.1 Room Location _____ right/left/center: the room is situated to the right, left, or center of the unit _____ front/rear/center: the room is situated to the back, front, or center of the unit. _____ floor level: the floor level on which the room is located.		Room Code 1= Bedroom or Any Other Room Used for Sleeping (regardless of type of room 2= Dining Room or Dining Area 3= Second Liv. Room, Family Room, Den, Playroom, TV Room 4= Entrance Halls, Corridors, Halls, Staircases 5= Add'l Bathroom (also check presence of sink trap and clogged toilet) 6= Other:			
		Decision			
Item No.	Description	No deficiencies	Minor deficiencies	Major deficiencies	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.
4.2	Electricity/Illumination If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.3	Electrical Hazard Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.4	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.5	Window Condition If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.6	Ceiling Condition Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.7	Wall Condition Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.8	Floor Condition Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.9	Lead-Based Condition Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable
4.10	Smoke Detectors Is there a working smoke detector on each level? Is there a working carbon monoxide detector in units with gas utility service? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Additional Comments: (Give Item Number)(Use an additional page if necessary)					
Comments continued on a separate page <input type="checkbox"/> Yes <input type="checkbox"/> No					

4. Supplemental for Other Rooms Used for Living and Halls For each numbered item, check one box only.

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit
 front/rear/center: the room is situated to the back, front, or center of the unit.
 floor level: the floor level on which the room is located.

Room Code

- 1= Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2= Dining Room or Dining Area
- 3= Second Living Room, Family Room, Den, Playroom, TV Room
- 4= Entrance Halls, Corridors, Halls, Staircases
- 5= Additional Bathroom (also check presence of sink trap and clogged toilet)
- 6= Other:

Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.
		NO deficiencies	Minor defici	Major defici		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permanently installed light fixture? If Room Code is not a 1, is there means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazard	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Condition	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Is there a working carbon monoxide detector in units with gas utility service? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page

Yes No

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

right/left/center: the room is situated to the right, left, or center of the unit
 front/rear/center: the room is situated to the back, front, or center of the unit.
 floor level: the floor level on which the room is located.

Room Code

- 1= Bedroom or Any Other Room Used for Sleeping (regardless of type of room)
- 2= Dining Room or Dining Area
- 3= Second Living Room, Family Room, Den, Playroom, TV Room
- 4= Entrance Halls, Corridors, Halls, Staircases
- 5= Add'l Bathroom (also check presence of sink trap and clogged toilet)
- 6= Other:

Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.
		No deficiencies	Minor deficiet	Major deficie		
4.2 Electricity/Illumination	If Room Code is a 1, are there at least two working outlets or one working outlet and one working, permenantly installed light fixture? If Room Code is not a 1, is there means of illumination?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.3 Electrical Hazard	Is the room free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.4 Security	Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.5 Window Condition	If Room Code is a 1, is there at least one window? And, regardless of Room Code, are all windows free of signs of severe deterioration or missing or broken-out panes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.6 Ceiling Condition	Is the ceiling sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.7 Wall Condition	Are the walls sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.8 Floor Condition	Is the floor sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.9 Lead-Based Condition	Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed two square feet and/or more than 10% of a component?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	
4.10 Smoke Detectors	Is there a working smoke detector on each level? Is there a working carbon monoxide detector in units with gas utility service? In units occupied by the hearing impaired, is there an alarm system connected to the smoke detector?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Additional Comments: (Give Item Number)(Use an additional page if necessary)

Comments continued on a separate page

Yes No

5. All Secondary Rooms (Rooms not used for living) For each numbered item, check one box only.

Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.
		No deficiencies	Minor deficiencies	Major deficiencies		
5.1	None <input type="checkbox"/> Go to Part 6					
5.2	Security Are all windows and doors that are accessible from the outside lockable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.3	Electrical Hazards Are all these rooms free from electrical hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5.4	Other Potentially Hazardous Features Are all of these rooms free of any other potentially hazardous features? For each room with an "Other potentially hazardous feature," explain the hazard and the means of control of interior access to the room.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.0 Building Exterior						
6.1	Condition of Foundation Is the foundation sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.2	Condition of Stairs, Rails and Porches Are all the exterior stairs, rails and porches sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.3	Condition of Roof and Gutters Are the roof, gutters and downspouts sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.4	Condition of Exterior Surfaces Are exterior surfaces sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.5	Condition of Chimney Is the chimney sound and free from hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.6	Lead-Based Paint: Exterior Surfaces Are all painted surfaces free of deteriorated paint? If no, does deteriorated surfaces exceed 20 sq. ft. of total exterior surface area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6.7	Manufactured Homes: Tie Downs If the unit is a manufactured home, is it properly placed and tied down? If not a manufactured home, check "Not Applicable."	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable	

Additional Comments: (Give Item Number) (Use an additional page if necessary)

Comments continued on a separate page Yes No

7. Heating and Plumbing		For each numbered item, check one box only.			Prop. & Unit#	0
Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.
		NO deficiencies	Minor deficiencies	Major deficiencies		
7.1 Adequacy of Heating Equipment	Is the heating equipment capable of providing adequate heat (either directly or indirectly) to all rooms used for living?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.2 Safety of Heating Equipment	Is the unit free from unvented fuel burning space heaters or any other types of unsafe heating conditions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.3 Ventilation and Adequacy of Cooling	Does the unit have adequate ventilation and cooling by means of openable windows or a working cooling system?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.4 Water Heater	Is the water heater located, equipped, and installed in a safe manner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.5 Water Supply	Is the unit served by an approvable public and private sanitary water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.6 Plumbing	Is plumbing free from major leaks or corrosion that causes serious and persistent levels of rust or contamination of the drinking water?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7.7 Sewer Connection	Is plumbing connected to an approvable public or private disposal system, and is it free from sewer back-up?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Additional Comments: (Give item number)						
Comments continued on a separate page <input type="checkbox"/> Yes <input type="checkbox"/> No						

8. General Health and Safety				For each numbered item, check one box only.		Prop. & Unit #	0
Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible.	
		No deficiencies	Minor deficiency	Major deficiency			
8.1 Access to Unit	Can the unit be entered without having to go through another unit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.2 Exits	Is there an acceptable fire exit from this building that is not blocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.3 Evidence of Infestation	Is the unit free from rats or severe infestation by mice or vermin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.4 Garbage and Debris	Is the unit free and heavy accumulation of garbage or debris inside and outside?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.5 Refuse Disposal	Are there adequate covered facilities for temporary storage and disposal of food wastes, and are they approvable by a local agency?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.6 Interior Stairs and Common Halls	Are interior stairs and common halls free from hazards to the occupant because of loose, broken, or missing steps on stairways; absent or insecure railings; inadequate lighting; or other hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.7 Other Interior Hazards	Is the interior of the unit free from any other hazard not specifically identified previously?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.8 Elevators	Where local practice requires, do all elevators have a current inspection certificate? If local practice does not require this, are they working and safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.9 Interior Air Quality	Is the unit free from abnormally high levels of air pollution from vehicular exhaust, sewer gas, fuel, gas, dust, or other pollutants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.10 Site and Neighborhood Conditions	Are the site and immediate neighborhood free from conditions which would seriously and continuously endanger the health or safety of the residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
8.11 Lead-Based Paint: Owner Certification	If the owner of the unit is required to correct any deteriorated paint or lead-based paint hazards at the property, had the Lead-Based Paint Owner's Certification been completed, and received by the appropriate agency? If the owner was not required to correct any deteriorated paint or lead-based paint hazards, check NA.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Not Applicable		
Additional Comments: (Give item number)							
Comments continued on a separate page <input type="checkbox"/> Yes <input type="checkbox"/> No							

Special Amenities (optional)

Prop. & Unit #

This section is for optional use of the LAA. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and HA may wish to note them in order to compare them to the units used in the Market Rent Analysis. Check/list any positive features found in relation to the unit.

1. Living Room

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

2. Kitchen

- Dishwasher
- Separate freezer
- Garbage disposal
- Eating counter/breakfast nook
- Pantry or abundant shelving or cabinets
- Double oven/self cleaning oven, microwave
- Double sink
- High quality cabinets
- Abundant countertop space
- Modern appliance(s)
- Exceptional size relative to needs of family
- Other: (Specify)

3. Other Rooms Used for Living

- High quality floors or wall coverings
- Working fireplace or stove
- Balcony, patio, deck, porch
- Special windows or doors
- Exceptional size relative to needs of family
- Other: (Specify)

4. Bath

- Special feature shower head
- Built-in heat lamp
- Large mirrors
- Glass door on shower/tub
- Separate dressing room
- Double sink or special lavatory
- Exceptional size relative to needs of family
- Other: (Specify)

5. Overall Characteristics

- Storm windows and doors
- Other forms of weatherization (e.g. insulation, weather stripping)
- Screen doors or windows
- Good upkeep of grounds (i.e. site cleanliness, landscaping, condition of lawn)
- Garage or parking facilities
- Driveway
- Large yard
- Good maintenance of building exterior
- Other : (Specify)

6. Disabled Accessibility

Is unit accessible to mobility-impaired persons? Yes No

Is unit accessible for visually and/or hearing impaired? Yes No

D. Questions to the ask the Tenant (Optionally answered by the Tenant)

1. Does the owner make repairs when asked? Yes No

2. Do you pay for anything else? (Specify) _____

3. Who owns the range and refrigerator? (Insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____

4. Is there anything else you want to tell us? (Specify) _____

RHS Annual Inspection Form -Summary of Comments

Empty rectangular box for entering summary of comments.

EXHIBIT 3

Instructions

LAAs are required to inspect units annually to determine if a unit meets Housing Quality Standards.

This inspection form should be used for required sampling of units on alternating years. The form should be used to record the physical condition of units. This includes appliances, doors, locks, smoke detectors, and other health and safety items.

If a Landlord receives Rental Assistance for less than three (3) units, the LAA shall perform a visual inspection of all units. If a Landlord has more than three (3) units the following schedule is applicable:

3 or more units - 3 units or 20% of units, whichever is greater.

This inspection form is to be maintained by LAAs in a file sorted by Landlord.

The final section of the inspection form is optional. Tenants do not have to answer any questions asked.

If the unit has deficiencies listed on the inspection form, the unit has not met the Housing Quality Standards and the following action is required:

The Owner is required to correct deficient items within 30 days. When corrected, the Landlord should submit proof to IHDA that the deficient item has been corrected.

If a major deficiency is a health and safety hazard, the Landlord is required to correct the deficiency within 72 hours. The Landlord is required to submit proof of correction to IHDA. (If a deficiency is not corrected within a 72 hour period, the landlord shall use its best efforts to find a replacement units for the Resident.)

Common health and safety hazards:

- Poor air quality
- Electrical hazards
- Elevators
- Emergency/fire exits
- Flammable materials
- Garbage and debris
- Handrails hazards
- Infestation
- Lead-based paint

(For example, the buildings must have fire exits that are not blocked and have hand rails that are undamaged and have no other observable deficiencies. The housing must have no evidence of infestation by rats, mice, or other vermin, or of garbage and debris. The housing must have no evidence of electrical hazards, natural hazards, or fire hazards. The dwelling units and common areas must have proper ventilation and be free of mold, odor (e.g., propane, natural gas, methane gas), or other observable deficiencies. The housing must comply with all requirements related to the evaluation and reduction of lead-based paint hazards and have available proper certifications.)

Inspection Form

Property and Unit# _____

0

LAA		Tenant		Date of Request (mm/dd/yyyy)	
Inspector		Date Last Inspection (mm/dd/yyyy)		Date of Inspection (mm/dd/yyyy)	
Type of Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Re-inspection				Property Name	
A. General Information				Housing Type (Check as appropriate)	
Street Address or Inspected Unit				<input type="checkbox"/> Single Family Detached <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise:3-4 story/Garden <input type="checkbox"/> High Rise; 5 or more story <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Ind. Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other: (Specify)	
City		County	State	Zip	
Name of Family			Current Telephone of Family		
Current Street Address of Family					
City		County	State	Zip	
Number of Children in Family Under 6					
Name of Owner or Agent Authorized to Lease Unit Inspected					
Address of Owner or Agent			<u>Head of Household Signature</u>		
			Date: ___/___/___		

B. Summary Decision on the Unit

(to be completed after the form has been filled in)

- No deficiencies**
No deficiencies were found.

- Some deficiencies**
These are minor deficiencies that do not require an extended period of time to repair, and do not include a unreasonable overall number of deficiencies.

- Major deficiencies**
These are either major deficiencies that must be addressed immediately, or a large number of minor deficiencies.

Unit Size: Count the number of bedrooms.

Year Constructed:

Number of Sleeping Rooms: Count the number of rooms which could be used for sleeping, as identified on the checklist. Record in the box provided.

C. How to Fill Out This Checklist

Complete the checklist on the unit to be occupied (or current occupied) by the tenant. Proceed through the inspection as follows:

Area	Checklist Category
room by room	1. Living Room 2. Kitchen 3. Bathroom 4. All Other Rooms Used for Living 5. All Secondary Rooms Not Used for Living
basement or utility room	6. Heating and Plumbing
outside	7. Building Exterior
overall	8. General Health and Safety

Each part of the checklist will be accompanied by an explanation of the item to be inspected.

Important: For each item numbered on the checklist, **check one box only** (e.g., check one box only for item 1.4 "Security," in the Living Room.)

In the space to the right of the description of the item, if the decision on the item has a deficiency, write what repairs are necessary.

Once the checklist has been completed, return to Part B (Summary Decision on the Unit).

1. Living room

1.1 Living Room Present

Note: If the unit is efficiency apartment, consider the living room present.

1.2 Electricity

In order to qualify, the outlets must be present and properly installed in the baseboard, wall or floor of the room. Do not count a single duplex receptacle as two outlets, i.e. there must be **two** of these in the room, or **one** of these **plus** a permanently installed ceiling or wall light fixture.

Both the outlets and/or the light must be working. Usually, a room will have sufficient lights or electrical appliances plugged in to outlets to determine workability. Be sure light fixture does not fail just because bulb is burned out.

Do not count any of the following items or fixtures as outlets/fixtures: Table or floor lamps (these are **not** permanent light fixtures); ceiling lamps plugged into socket; extension cords.

If the electric service to the unit has been temporarily turned off check "inconclusive." Contact owner or manager after inspection to verify that electricity functions properly when service is turned on. Record this information on the checklist.

1.3 Electrical Hazards

Examples of this means: broken wiring; noninsulated wiring; frayed wiring; improper types of wiring, connections or insulation; wires lying in or located near standing water or other unsafe places; light fixture hanging room electric wiring without other firm support or fixture; missing cover plates on switches or outlets; badly cracked outlets; exposed fuse box connections; overloaded circuits; badly cracked outlets; exposed fuse box connections; overloaded circuits evidenced by frequently "blown" fuses (ask the tenant).

Check "inconclusive" if you are uncertain about severity of the problem and seek expert advice.

1.4 Security

"Accessible to outside" means: doors open to the outside or to a common public hall; windows accessible from the outside (e.g. basement and first floor); window or doors leading onto a fire escape, porch or other outside place that can be reached from the ground.

"Lockable" means: the window or door has a properly working lock, or is nailed shut, or the window is not designed to be opened. A storm window lock that is working properly is acceptable. Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

1.5 Window Condition

Rate the window in the room (including windows in doors).

"Severe deterioration" means that the window no longer has the capacity to keep out the wind and the rain or is a cutting hazard. Examples are: missing or broken-out panes; dangerously loose cracked panes; windows that will not close; windows that, when closed, do not form a reasonably tight seal.

If more than one window in the room is in the condition, give details in the space provided on the right of the form.

If there is only "moderate deterioration" of the windows the item should "Pass." "Moderate deterioration" means windows which are reasonably weather-tight, but show evidence of some aging, abuse, or lack of repair. Signs of deterioration are: minor crack in window pane; splintered sill; signs of some minor rotting in the window frame or the window itself; window panes loose because of missing window putty. Also for deteriorated and peeling paint see 1.9. If more than one window is in this condition, give details in the space provided on the right of the form.

1.6 Ceiling Condition

"Unsound or hazardous" means the presence of such serious defects that either a potential exists for structural collapse or that large cracks or holes allow significant drafts to enter the unit. The condition includes: severe bulging or buckling; large holes; missing parts; failing or in danger of falling loose surface materials (other than paper or paint.) Pass ceilings that are basically sound but have some nonhazardous defects, including: small holes or cracks; missing or broken ceiling tiles; water stains; soiled surfaces; unpainted surfaces; peeling paint (for peeling paint see item 1.9.).

1.7 Wall Condition

"Unsound or hazardous" includes serious defects such that the structural safety of the building is threatened, such as severe buckling, bulging or leaning; damaged or loose structural members; large holes; air filtration.

Pass wall that are basically sound but have some nonhazardous defects, including: small or shallow holes; cracks; loose or missing parts; unpainted surfaces; peeling paint (for peeling paint see item 1.9).

1.8 Floor Condition

"Unsound or hazardous" means the presence of such serious defects that a potential exists for structural collapse or other threats to safety (e.g. tripping) or large cracks or holes allow substantial drafts from below the floor. The condition includes: severe buckling or major movements under walking stress; damaged or missing parts.

Pass floors that are basically sound but have some nonhazardous defects, including: heavily worn or damaged floor surface (for example, scratches or gouges in surface, missing portions of tile or linoleum, previous water damage). If there is a floor covering, also note the condition, especially if badly worn or soiled. If there is a floor covering, including paint or sealant, also note the conditions, specially if badly worn, soiled or peeling (for peeling paint, see 1.9)

1.9 Lead-Based Paint

This requirement applied to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated pain include walls, floors, ceiling, built in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room space, or more than 10% of the total surface area of an interior type component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis* level repairs

2. Kitchen

2.1 Kitchen Area Present

Note: A kitchen is an area used for preparation of meals. It may either a separate room or an area of a larger room (for example, a kitchen areas in an efficiency apartment).

2.2 - 2.9 Explanation for these items is the same as that provided for "Living room" with the following modifications:

2.2. Electricity

Note: The requirement is that at least one outlet and one permanent light fixture are present and working.

2.5 Window Condition

Note: The absence of a window does not fail this item in the kitchen. If there is no window, check "Pass."

2.10 Stove or Range with Oven

Both an oven and a stove (or range) with top burners must be present and working. If either is missing and you know that the owner is responsible for supplying these appliances, check "Fail". Put check in "Inconclusive" column if the tenant is responsible for supplying the appliances and he or she has not yet moved in. Contact tenant or prospective tenant to gain verification that facility will be supplied and is in working condition. Hot plates are not acceptable substitutes for these facilities.

An oven is not working if it will not heat up. To be working a stove or range must have all burners working and knobs to turn them off and on. Under "working conditions," also look hazardous gas hook-ups evidenced by strong gas smells; these should fail. (Be sure that this condition is not confused with an unlit pilot - a condition that should be noted, but does not fail.)

If both an oven and a stove or range are present, but the gas or electricity are turned off, check "inconclusive." Contact owner or manager to get verification that facility works when gas is turned on. If both an oven and a stove or range are present and working, but defects exist, check "Pass" and note these to the right of the form. Possible defects are marked, dented, or scratched surfaces; cracked burner ring; limited size relative to family needs.

A microwave oven may be substituted for a tenant-supplied oven and stove (or range)

A microwave oven may be substituted for an owner supplied oven and stove (or range) if the tenant agrees and microwave ovens are furnished instead of ovens and stoves (or ranges) to both subsidized and unsubsidized tenants in the building or premises.

2.11 Refrigerator

If no refrigerator is present, use the same criteria for marking either "Fail" or "Inconclusive" as were used for the oven and stove or range.

A refrigerator is not working if it will not maintain a temperature low enough to keep food from spoiling over a reasonable period of time. If the electricity is turned off, mark "Inconclusive." Contact owner (or tenant if unit is occupied) to get verification of working condition.

If the refrigerator is present and working but defects exist, note these to the right of the form. Possible minor defects include: broken or missing interior shelving; dented or scratched interior or exterior surfaces; minor deterioration of door seal; loose door handle.

2.12 Sink

If a permanently attached kitchen sink is not present in the kitchen or kitchen area, mark "Fail." A sink in a bathroom or a portable basin will not satisfy this requirement. A sink is not working unless it has running hot and cold water from the faucets and a properly connected and properly working drain (with a "gas trap"). In a vacant apartment, the hot water may have been turned off and there will be no hot water. Mark this "inconclusive." Check with owner or manager to verify that hot water is available when service is turned on.

If a working sink has defects, note this to the right of the item. Possible minor defects include: dripping faucet, marked, dented, or scratched surface; slow drain; missing or broken drain stopper.

2.13 Space for Storage, Preparation, and Serving of Food

Some space must be available for the storage, preparation, and serving of food. If there is no built-in space for food storage and preparation, a table used for food preparation and a portable cabinet will satisfy the requirement. If there is no built-in space, and not room for a table and portable cabinet, check "inconclusive" and discuss with the tenant. The tenant makes the final determination as to whether or not this space is acceptable.

If there are some minor defects, check "Pass" and make notes to the right. Possible defects include: marked, dented, or scratched surfaces; broken shelving or cabinet doors; broken drawers or cabinet hardware; limited size relative to family needs.

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e. a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e. toilet, Washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See inspection Manual for additional notes on rating the second bathroom.)

3.2-3.9 Explanations for these items is the same as that provided for "Living Room" with the following modifications:

3.2 Electricity

Note: The requirement is that as least one permanent light fixture is present and working.

3.3 Electrical Hazards

Note: In addition to the previous mentioned hazards, outlets that are located where water might splash or collect are considered an electrical hazard.

3.5 Window Condition

Note: The absence of a window does not fail this item in the bathroom (see item 3.13 Ventilation, for relevance of window with respect to ventilation). If there is no window, but a working vent system is present, check "Pass."

3.7 Wall Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: broken or loose tile; deteriorated grouting at tub/wall and tub/floor joints, or tiled surfaces; water stains.

3.8 Floor Condition

Note: Include under nonhazardous defects (that would pass, but should be noted) the following: missing floor tiles; water stains.

3.10 Flush Toilet in Enclosed Room in Unit

The toilet must be contained within the unit, be in proper operating condition, and be available for the exclusive use of the occupants of the unit (i.e. outhouses or facilities shared by occupants of other units are not acceptable). It must allow for privacy.

Not working means: the toilet is not connected to water supply; it is not connected to a sewer drain; it is clogged; it does not have a trap; the connections, vents or traps are faulty to the extent that severe leakage of water or escape of gases occurs; the flushing mechanism off, check "Inconclusive." Obtain verification from owner and manager that facility works properly when water is turned on.

Comment to the right of the form if the toilet is "present, exclusive, and working," but has the following types of defects: constant running; chipped or broken porcelain; slow draining.

If drain blockage is more serious and occurs further in the sewer line, causing backup, check item 7.6, "Fail," under the plumbing and heating part of the checklist. A sign of serious sewer blockage is the presence of numerous backed-up drains.

3.11 Fixed Wash Basin or Lavatory in Unit

The wash basin must be permanently installed (i.e. a portable wash basin does not satisfy the requirement). Also, a kitchen sink used to pass the requirement under Part 2 of the checklist (kitchen facilities) cannot also serve as the bathroom wash basin. The wash basin may be located separate for the other bathroom facilities. (e.g., in a hallway).

Not working means: the wash basin is not connected to a system that will deliver hot and cold running water; it is not connected to a properly operating drain; the connectors (or vents or traps) are faulty to the extent that severe leakage of water or escape of sewer gases occurs. If the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner and manager that the system is in working condition.

Comment to the right of the form if the wash basin is "present and working" but has the following types of minor defects: insufficient water pressure; dripping faucets; minor leaks; cracked or chipped porcelain; slow drain (see discussion above under 3.10)

3.12 Tub or Shower in Unit

Not present means that neither tub nor shower is present in the unit. Again, these facilities need not be in the same room with the rest of the bathroom facilities. They must, however, be private.

Not working covers the same requirements detailed above for wash basin (3.11).

Comment to the right of the form if the tub or shower is present and working, but has the following types of defects: dripping faucet; minor leaks; cracked porcelain; slow drain (see discussion under 3.10); absent or broken support rod for shower curtain.

3.13 Ventilation

Working vent systems include: ventilation shafts (non-mechanical vents) and electric fans. Electric vent fans must function when switch is turned on. (Make sure that any malfunctions are not due to the fan not being plugged in.) If electric current to the unit has not been turned on (and there is no operable window), check "Inconclusive." Obtain verification from owner and manager that system works. Note: exhaust vents must be vented to the outside, attic, or crawlspace.

4. Other Room Used for Living and Halls

Complete an "Other Room" Checklist for as many "other rooms used for living" as are present in the unit and not already noted in Parts 1, 2 and 3 of the checklist. See the discussion below for definition of "used for living." See the discussion below for definition of "used for living" Also complete an "Other Room" checklist for all entrance halls, corridors and staircases that are located within the unit and are part of the area used for living. If a hall, entry and/or stairway are contiguous, rate them as a whole (i.e. as part of one space).

Additional forms for rating "Other Rooms" are provided in the checklist.

Definition of "used for living." Rooms "Used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living area or are infrequently entered. Do not include any of these areas if they are frequently used (e.g., a finished basement/playroom, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

If the unit is vacant and you do not know the eventual use of a particular room, complete an "Other Room" checklist if there is any chance that the room will be used on a regular basis. If there is no chance that the room will be used on a regular basis, do not include it (e.g., an unfinished basement) since it will be checked under Part 5, All Secondary Rooms (Rooms not used for living).

4.1 Room Code and Location

Enter the appropriate room code given below:

Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

- 1 = Bedroom or any other room used for sleeping (regardless of type of room)
- 1 = Dining Room or Dining Area
- 2 = Second Living Room, Family Room, Den, Playroom, TV Room
- 3 = Entrance Halls, Corridors, Halls, Staircases
- 4 = Additional Bathroom (also check presence of sink trap and clogged toilet)
- 5 = Other

Room Location: Write on the line provided the location of the room with respect to the unit's width, length, and floor level as if you were standing outside the unit facing the entrance to the unit:

right/left/center: record whether the room is situated to the right, left, or center of the unit.

front/rear/center: record whether the room is situated to the back/rear or center of the unit.

floor level: Identify the floor level on which the room is located.

If the unit is vacant, you may have some difficulty predicting the eventual use of a room. Before giving any room a code of 1 (bedroom), the room must meet all of the requirements for a "room used for sleeping" (see items 4.2 and 4.5)

4.2 - 4.9 Explanations of these items are the same as those provided for "Living Room" with the following modifications:

4.2 Electricity/Illumination

If the room code is not a "1," the room must have a means of natural or artificial illumination such as a permanent light fixture, wall outlet present, or light from a window in the room or near the room. If any required item is missing, check "Fail." If the electricity is turned off, check "Inconclusive."

4.5 Window Condition

Any room used for sleeping must have at least one window. If the windows in sleeping rooms are designed to be opened, at least one window must be openable. The minimum standards do not require a window in "other" rooms. Therefore, if there is no window in another room not used for sleeping, check "Pass" and note "no window" in the area for comments.

4.6 Smoke Detectors

At least one battery-operated or hard-wired smoke detector must be present and working on each level of the unit, including the basement, but not the crawl spaces and unfinished attic.

Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Associates Standard (NFPA) 74 (or its successor standards).

If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system designed for hearing impaired persons as specified in NFPA 74 (or successor standards).

Additional Notes

For staircases, the adequacy of light and condition of the stair rails and railing is covered under Part 8 of the checklist (General Health and Safety)

5. All Secondary Rooms (Rooms not used for living)

5. Secondary Rooms (Rooms not used for living)

If any room in the unit did not meet the requirements for "other room used for living" in Part 4, it is to be considered a "secondary room (not used for living)". Rate all of these rooms together (i.e., a single Part 5 checklist for all secondary rooms in the unit).

Inspection is required of the following two items since hazardous defects under these items could jeopardize the rest of the unit, even if present in rooms not used for living: 5.2 Security, 5.3 Electrical Hazards. Also, be observant of any other potentially hazardous features in these rooms and record under 5.4.

5.1 None

If there are no "Secondary Rooms (rooms not used for living)," check "None" and go on to Part 6.

5.2 - 5.4 Explanations of these items is the same as those provided for "Living Room"

Additional Note

In recording "other potentially hazardous features," note (in the space provided) the means of access to the room with the hazard and check under the box under "inconclusive." Discuss the hazard with the HA inspection supervisor to determine "Pass" or "Fail." Include defects like: large holes in floor, walls or ceilings; evidence of structural collapse; windows in condition of severe deterioration; and deteriorated paint surfaces.

6. Building Exterior

6.1 Condition of Foundation

"Unsound or hazardous" means foundations with severe structural defects indicating the potential for structural collapse; or foundations that allow significant entry of ground water (for example, evidenced by flooding of basement).

6.2 Condition of Stairs, Rails and Porches

"Unsound or hazardous" means: stairs, porches, balconies, or decks with severe structural defects; broken, rotting, or missing steps; absence of a handrail when there are extended lengths of steps (generally four or more consecutive steps); absence of or insecure railings around a porch or balcony which is approximately 30 inches or more above the ground.

6.3 Condition of Roofs and Gutters

"Unsound or hazardous" means: The roof has serious defects such as serious buckling or sagging, indicating the potential of structural collapse; large holes or other defects that would result in significant air or water infiltration (in most cases severe exterior defects will be reflected in equally serious defects in the unit, e.g., buckling, water damage). The gutters, downspouts and soffits (area under the eaves) show serious decay and have allowed the entry of significant air or water into the interior of the structure. Gutters and downspouts are, however, not required to pass. If the roof is not observable and there is no sign of interior water damage, check "Pass."

6.4 Condition of Exterior Surfaces

See definition above the roof, item 6.3.

6.5 Condition of Chimney

The chimney should not be seriously leaning or showing evidence of significant disintegration (i.e., many missing bricks).

6.6 Lead-Based Paint: Exterior Surfaces

If the unit was built in January 1, 1978, or after no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applied to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceiling, built in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room space, or more than 10% of the total surface area of an interior type component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis level* repairs

6.7 Manufactured Homes; Tie Downs

Manufactured homes must be placed on a site in a stable manner and be free from hazards such as sliding and wind damage. Manufactured homes must be securely anchored by a tiedown device which distributes and transfers the loads imposed by the unit to appropriate ground anchors so as to resist wind overturning and sliding, unless a variation has been approved by the HUD Field Office.

7. Heating

7.1 Adequacy of Heating Equipment

“Adequate heat” means the heating system is capable of delivering enough heat to assure a healthy environment in the unit (appropriate to the climate). The HA is responsible for defining what constitutes a healthy living environment in the area of the country it which it operates. Local codes (city or state codes) should be instructive in arriving at a reasonable local definition. For example, for heat adequacy, local codes often require that the unit’s heating facility be capable of maintaining a given temperature level during a designated time period. Portable electric room heaters or kitchen stoves or ranges with a built-in heat unit are not acceptable as a primary source of heat for units located in areas where climate conditions require regular heating.

“Directly or indirectly to all rooms used for living” means:

“directly” means that each room used for living has a heat source (e.g., working radiator; working hot air register; baseboard heat)

“indirectly” means that, if there is no heat source present in the room, heat can enter the room easily from a heated adjacent room (e.g. a dining room many not have a radiator, but would receive heat from the heated living room through a large open archway.)

If the heating system in the unit works, but there is some question whether a room without a heat source would receive adequate indirect heat, check “inconclusive” and verify adequacy from tenant or owner (e.g., unheated bedroom at the end of a long hallway).

How to determine capability of the heating system: If the unit is occupied, usually the quickest way to determine the capability of the heating system over time is to question the tenant. If the unit is not occupied, or the tenant has not lived in the unit during the months when heat would be needed, check “inconclusive.” It will be necessary to question the owner on this point after the inspection has been completed and, if possible, to question other tenants (if it is a multi-unit structure) about the adequacy of heat provided. Under some circumstances, the adequacy of heat can be determined by a simple comparison of the size of the heating system to the area to be heated. For example, a small permanently space heater in a living room is probably inadequate for heating anything larger than a relatively small apartment.

7.2 Safety of Heating Equipment

Examples of “unvented fuel burning space heaters” are: portable kerosene units; unvented open flame portable units.

“Other unsafe conditions” include: breakage or damage to heating system such that there is a potential for fire or other threats to safety; improper connection of flues allowing exhaust gases to enter the living area; improper installation of equipment (e.g., proximity of fuel tank to heat source, absence of safety devices); indications of improper use of equipment (e.g., evidence of heavy build-up of soot, creosote, or other substance in the chimney); disintegrating equipment; combustible materials near heat source or flue. See Inspection Manual for a more detailed discussion of the inspection of safety aspects of the heating systems.

If you are unable to gain access to the primary heating system in the unit check “Inconclusive.” Contact the owner or manager for verification of safety of the system. If the system has passed a recent local inspection, check “Pass.” This applies especially to units in which heat is provided by a large scale, complex central heating system that serves multiple units (e.g. a boiler in the basement of a large apartment building). In most cases, a large scale heating system for a multi-unit building will be subject to periodic safety inspections by a local public agency. Check with the owner or manager to determine the date and outcome of the last such inspection, or look for an inspection certificate posted on the heating system.

7.3 Ventilation and Adequacy of Cooling

If the tenant is present and has occupied the unit during the summer months, inquire about the adequacy of air flow. If the tenant is not

present or has not occupied the unit during the summer months, test a sample or windows to see that they open (see inspection Manual for instruction).

“Working cooling equipment” includes; central (fan) ventilation system; evaporative cooling system; room or central air conditioning.

Check “inconclusive” if there are no openable windows and it is impossible, or inappropriate, to test whether a cooling system works. Check with other tenants in the building (in a multi-unit structure) and with the owner or manager for verification of the adequacy of ventilation and cooling.

7.4 Water Heater

“Location presents hazard” means that the gas or oil water heater is located in living areas or closets where safety hazards may exist (e.g., water heater located in very cluttered closet with cloth and paper items stacked against it). Gas water heaters in bedrooms or other living areas must have safety dividers or shields.

Water heaters must have a temperature-pressure relief valve and discharge line (directed toward the floor or outside of the living area) as a safeguard against build up steam if the water heater malfunctions. If not, they are not properly equipped and shall fail.

To pass, gas or oil fired water heaters must be vented into a properly installed chimney or flue leading outside. Electric water heaters do not require venting.

If it is impossible to view the water heater, check “inconclusive.” Obtain verification of safety of system from owner or manager.

Check “Pass” if the water heater has passed a local inspection. This applies primarily to hot water heater that is supplied by large scale complex water heating system that serves multiple units (e.g. water heating system in large apartment building). Check in the same manner described for heating system safety, item 7.2, above.

7.5 Water Supply

If the structure is connected to a city or town water system, check “Pass.” If the structure has a private water supply (usually in rural areas) inquire into the nature of the supply (probably from the owner) and whether it is approvable by an appropriate public agency.

General note: If items 7.5, 7.6, or 7.7 are checked “inconclusive,” check with owner or manager for verification of adequacy.

7.6 Plumbing

“Major leaks” means that main water drain and feed pipes (often located in the basement) are seriously leaking. (Leaks present at specific facilities have already been evaluated under the checklist items for “Bathroom” and “Kitchen.”)

“Corrosion” (causing serious and persistent levels of rust or contamination in the drinking water) can be determined by observing the color of the drinking water at several taps. Badly corroded pipes will produce noticeably brownish water. If the tenant is currently occupying the unit, he or she should be able to provide information about the persistence of this condition. (Make sure that the “rusty water” is not a temporary condition caused by city or town maintenance of main water lines.) See general note under 7.5.

7.7. Sewer Connection

If the structure is connected to the city or town sewer system, check “Pass.” If the structure has its own private disposal system (e.g., septic field), inquire in the nature of the system and determine whether this type of system can meet appropriate health and safety regulations.

The following conditions constitute “evidence of sewer back up”: strong sewer gas smell in the basement or outside of unit; numerous clogged or very slow drains; marshy areas outside of unit above septic field. See general note under 7.5

8. General Health and Safety

8.1 Access to Unit

“Through another unit” means that access to the unit is only possible by means of passage through another dwelling unit.

8.2 Exit

“Acceptable fire exit” means that the building must have an alternative means of exit that meets local or State regulations in case of fire; this could include:

An operable window if the unit is on the first floor or second floor or easily accessible to the ground.

A back door opening on to a porch with a stairway leading to the ground.

Fire escape, fire ladder, or fire stairs.

“Blocked” means that the exit is not useable due to conditions such as debris, storage, door or window nailed shut, broken lock.

Important note: The HA has the final responsibility for deciding whether the type of emergency exit is acceptable, although the tenant should assist in making the decision.

8.3 Evidence of Infestation

“Presence of rats or severe infestation by mice or vermin” (such as roaches) is evidenced by: rat holes; droppings; rat runs; numerous settings or rat poison. If the unit is occupied, as the tenant,

8.4 Garbage and Debris

“Heavy accumulation” means large piles of trash and garbage, discarded furniture, and other debris (not temporarily store awaiting removal) that might harbor rodents. This may occur inside the unit, in common areas, or outside. It usually means a level of accumulation beyond capacity of an individual to pick up within an hour or two.

8.5 Refuse Disposal

“Adequate covered facilities” includes: trash cans with covers, garbage chutes, “dumpsters” (i.e. large scale refuse boxes with lids); trash bags (if approvable by local public agency). “Approvable by local public agency” means that the local Health and Sanitation Department (city, town or county) approves the type of facility in use. Note: During the period when the HA is setting up its inspection program, it will check with the local health and sanitation department to determine which types of facilities are acceptable and include this in the inspection requirements.

If the unit is vacant and there are not adequate covered facilities present, check “Inconclusive.” Contact the owner or manager for verification of facilities provided when the unit is occupied.

8.6 Interior Stairs and Common Halls

“Loose, broken, or missing steps” should fail if they present a serious risk of tripping or falling.

A handrail is required on extended sections of stairs (generally four or more consecutive steps). A railing is required on unprotected heights such as around stairwells.

“Other hazards” would be conditions such as bare electrical wires and tripping hazards.

If the unit was built in January 1, 1978, or after no child under age six will occupy or currently occupies it, is a 0-BR, elderly or handicapped unit with no children under age six on the lease or expected has been certified lead-based paint free by a certified lead-based paint inspector (no lead-based paint present or no lead-based paint present after removal of lead-based paint.), check NA and do not inspect painted surfaces.

This requirement applied to all painted surfaces (building components) within the unit. (Do not include tenant belongings). Surfaces to receive a visual assessment for deteriorated pain include walls, floors, ceiling, built in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building

components within the unit. Deteriorated paint includes any painted surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces **more than 2 sq. ft. in any one interior room space, or more than 10% of the total surface area of an interior type component with a small surface area (i.e., window sills, baseboards, and trim)** must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. **If the deteriorated painted surface is less than 2 sq. ft. or less than 10% of the component, only stabilization is required. Clearance testing is not required.** Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint. Lead-Based Paint Owner Certification is required following stabilization activities, except for *de minimis* level repairs

8.7 Other Interior Hazards

Examples of other hazards might be: a broken bathroom fixture with a shaper edge in a location where it represents a hazard; a protruding nail in a doorway.

8.8 Elevators

Note: At the time the HA is setting up its inspection program, it will determine local licensing practices for elevators. Inspectors should then be aware of these practices in evaluating this item (e.g., check inspection date). If no elevator check “Not Applicable.”

8.9 Interior Air Quality

If the inspector has any questions about whether an existing poor air quality condition should be considered dangerous, he or she should check with the local Health and Safety Department (city, town or county).

8.10 Site and Neighborhood Conditions

Examples of conditions that would “seriously and continuously endanger the health and safety of the residents” are:

other buildings on, or near the property, that pose serious hazards (e.g., dilapidated shed or garage with potential for structural collapse),

evidence of flooding or major drainage problems, evidence of mud slides or large land settlement or collapse, proximity to open sewerage, unprotected heights (cliffs, quarries, mines, sandpits), fire hazards, abnormal air pollution or smoke which continues throughout the year and is determined to seriously endanger health, and continuous or excessive vibration of vehicular traffic (if the unit is occupied, ask the tenant).

8.11 Lead Based Paint: Owner Certification

If the owner is required to correct any lead-based paint hazards at the property including deteriorated paint or other hazards identified by a visual assessor, a certified lead-based paint risk assessor, or certified lead-based paint inspector, the PHA must obtain certification that the work has been done in accordance with all applicable requirements of 24 CFR Part 35. The Lead-Based Paint Owner Certification must be received by the PHA before the execution of the HAP contract or within the time period stated by the PHA in the owner HQS violation notice. Receipt of the completed and signed Lead-Based Paint Owner Certification signifies that all HQS lead-based paint requirements have been met and no re-inspection by the HQS inspector is required.

EXHIBIT 4

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM LEAD SAFE HOUSING CERTIFICATION

Project and Unit Identification & Location

█
Name of Property/Development/Apartment Building

█
Street Address

█
Unit Number

█
City

█
State/Zip Code

Answer questions 1, 2 and 3 for each unit participating with the Program.

1. Was the property constructed after January 1, 1978? YES NO

2. Have there been cases of lead poisoning reported stemming from the program unit. YES NO

If no, skip a, b and c and go to question 3

a. if Yes to #2, when was the last reported case? █

b. if Yes to #2, was clearance achieved [410 ILCS 45/9 (7)] and work was done in accordance with [410 ILCS 45/11] after the last reported case? YES NO

c. if Yes to #2, was there a later inspection that confirmed that the property was free of unmitigated lead-based paint hazards. YES NO
Date of inspection █

If you answered NO to the subpart c to question 2, your unit is still in danger of containing unmitigated lead based paint hazards, and cannot participate in the RHS program until clearance is achieved.

3. Has a visual inspection of the unit been conducted within the last 90 days, using HQS inspection guidelines, find that there is no lead based paint hazards? YES NO

If yes, skip a

a. If the inspection found lead based paint hazards, has all lead-based paint in the unit been identified and mitigated/stabilized and/or abated, and has clearance been achieved? [410 ILCS 45/9.2(A)(B)] YES NO

If you answered NO to either parts of question 3 your unit is still in danger of containing unmitigated lead based paint hazards, and cannot participate in the RHS program until clearance is achieved.

Certification

I understand that the information provided on this form is used to determine the acceptability of the above mentioned project for participation in the State's Rental Housing Support Program. As the owner of the project, I certify that the information provided is true and accurate and that the program unit I am providing has no lead based paint hazard.

█

Owner's Name

Owner's Signature

█

Date

█

Development Name

█

LAA Name

INSTRUCTIONS FOR RENTAL HOUSING SUPPORT PROGRAM LEAD SAFE HOUSING CERTIFICATION

Landlord/Property Owner Responsibilities

This certification is to be completed by a Landlord/Property Owner and submitted to their LAA. It is to be completed for each Unit that is to participate in the RHS Program. Certification will be required with each renewal of the LAA's commitment with the RHS Program.

LAA Responsibilities

This certification should be placed in the project file for any residential property that participates in the RHS Program. Certification will be required with each renewal of the LAA's commitment with RHS.

For more information about Lead Based Paint, including how to find a lead based paint inspector, please go to: <http://www.idph.state.il.us/envhealth/lead.htm>

For the Lead Based Paint State code (410 ILCS 45/), go to: <http://lead-info.com/ILleadpreventionAct.html>

Project Identification and Location – This is the property's name and location where the program units will reside. The certification needs to be for each unit.

410 ILCS 45/ – This refers to the “Lead Poisoning Prevention Act” passed by the state to address lead based paint problems. The code is referenced to show the standards for addressing Lead Based Paint issues.

HQS Standards for Lead Based Paint – This requirement applies to all painted surfaces (building components) within the unit. (Do not include tenant belongings) Surfaces to receive a visual assessment for deteriorated paint include walls, floors, ceilings, built-in cabinets (sink bases), baseboards, doors, door frames, window systems including mullions, sills, or frames and any other painted building surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

All deteriorated paint surfaces more than 2 sq ft in any one interior room space, or more than 10% of the total surface area of an interior type component will a small surface area (i.e. window sills, baseboards and trim) must be stabilized (corrected) in accordance with all safe work practice requirements and clearance is required. If the deteriorated painted surface is less than 2 sq ft or less than 10% of the component, only stabilization is required. Clearance testing is not required. Stabilization means removal of deteriorated paint, repair of the substrate, and application of a new protective coating or paint.

Paint Mitigated/Removed – Since the last inspection that confirmed the presence of lead based paint problems, this asks if there was work that resulted in the reduction of that hazard.

Clearance - This term refers to activities done after lead based paint hazards have been addressed to show that the hazards are currently gone.

EXHIBIT 5

Rental Housing Support Program

Landlord Contact Information & Project Data Form Instructions

This form is to be completed for each project receiving rental assistance through the RHS Program.

Page 1 of Form - Summary of Projects of one landlord

LAA Name - Name of the primary LAA on the contract who will be administering the program.

Landlord - Please indicate which landlord's information you are providing by using the lettering system from the *LAA Contact Information & Summary Data* form. Ex, the first Landlord is "A" on the sheet.

Name - The name of the landlord if an individual or the name of the company/agency who owns the project.

Address - The contact address for the person or entity listed above. Please use the zip code plus 4 digits if available.

Contact Person – Person to contact if the landlord is not directly managing the property.

Contact Person - The second listing is the person who will be directly managing the projects and would be someone to contact for direct project information. This could be an on-site manager for multiple projects or a property management company. Please list this person's title to determine their relationship to the building.

Summary of Proposed Rents - List each Project's summary of proposed rents, rounded to the nearest dollar. The projects' proposed rents will be calculated on the subsequent pages. Total these amounts at the bottom of the box.

PAGE 2 of Form - Project Summary

This page is to submit summary information for a project. A project is a building or group of buildings that is considered one property by the landlord. Each project will have its own summary sheet.

LAA Name - See above

Landlord Number - The number listed on Page 1

Project Number - This number will be used to identify the property that has units in the program. Order each property and submit a sheet for each one. In general, try to group properties that share either an address, or are part of the same complex. Single family homes should be listed using separate sheets.

Project Name - The name of the building or buildings that make up the property to distinguish it from other projects.

Landlord Contact Information & Project Data Form Instructions

Project Address - The main location of the building if multiple units with the same address. If the units have unique addresses list the range. For example, instead of 101 S Main, 103 S Main, 105 S Main, you would list 101-105 S Main.

Contact Person - If there is someone who will be helping with the program who is not listed above, please list them here. For example, the main contact person could be the on-site manager, but the second contact person could be office staff who would be submitting forms.

Units in Project - Fill in the unit information for the project. List both the units that will be participating in the program as well as the ones that will not.

Page 3 of Form - Project Unit Listing

This page of the form will collect information on the participating units

Unit Address – Enter the mailing address of each unit, whether occupied or vacant, that receives rental assistance through the RHSP.

Apartment Number - Put in an apartment number if applicable

Bedroom size - Put in the unit size here. SRO, Studio and Efficiencies are 0.

Unit Rent – Proposed rent to be charged by the landlord for the unit. It includes both the tenants and the program's contribution. Round to the nearest dollar.

Accessible Unit - Apartments designed to be accessible are also located in buildings that have an accessible route into and through both the building and the apartment. The accessible route may be achieved through the use of an elevator and/or ramp. These apartments have specific design features which make the unit completely accessible for physically or mentally impaired individuals. In addition to the features associated with adaptable apartments, accessible apartments include other features, for example, lowered closet shelves, hanger rods and kitchen and bath cabinetry; sink cabinetry removed from under kitchen and bath counters and emergency alarms to assist sight or hearing impaired individuals.

Adaptable Units - Apartments designated as Adaptable are located in buildings that have an accessible route into and through both the building and the apartment. The accessible route may be achieved through the use of an elevator and/or ramp. These apartments have some specific design features to assist physically or mentally impaired individuals. These features include properly placed light switches, electric outlets & environmental controls plus usable doors, kitchens and bathrooms. Adaptable apartments would not typically have as many of these features as Accessible apartments, but can be modified to meet the needs of the tenant

Occupied Unit - Indicate if there is a tenant currently occupying the unit. This information is to get a general idea of the number of occupied units that will be part of the program.

Landlord Contact Information & Project Data Form Instructions

Summary of Monthly Unit Rent - This is the amount of rent for all the units listed for the month. It is a summary of the Monthly Unit Rent column.

Summary of Rents over Contract Term - This is the amount of full rent that will be charged for the unit for the length of the contract term. Assume every unit is filled the entire time. To get to this amount multiply the monthly summary amount times the number of months committed to the program. In most cases the commitment and contract will be for 3 years, making the calculation the Monthly Proposed Rent Summary times 36 months. This number becomes the full amount you will ask for with this project.

Illinois Housing Development Authority
RENTAL HOUSING SUPPORT PROGRAM
Landlord Contact Information & Project Data

RHS # _____

LAA Name _____

LANDLORD _____ (Inset assigned letter, i.e., A, B, C, etc., see Form 1- LAA Contact Information & Summary Data)

Name _____
Mr./Mrs./Ms. _____ Title _____

Address _____

City _____ IL Zip Code + 4 _____ Phone # _____

Contact Person _____
Mr./Mrs./Ms. _____ Title _____

Email Address _____ Fax # _____

(If the landlord is not the person who will be directly managing the projects please list that person(s) below)

Contact Name & Title _____

Contact's Address _____

City _____ IL Zip Code + 4 _____ Phone # _____

Email Address _____ Fax# _____

RHSP Summary of Proposed Rents	
Project 1	_____
Project 2	_____
Project 3	_____
Project 4	_____
Project 5	_____
TOTAL	_____ \$0

**Illinois Housing Development Authority
RENTAL HOUSING SUPPORT PROGRAM
Landlord Contact Information & Project Data**

LAA Name _____

Landlord # _____ From previous page

Project # _____ Please insert assigned project # (i.e., 1, 2, 3, etc.)

Project Name _____

Address _____

City _____ IL Zip Code + 4 _____ Phone # _____

Contact Person _____

Mr./Mrs./Ms.

Title

Email Address _____ Fax# _____

(If contact person's information is different from information above, please complete.)

Contact Person _____

Title

Contact's Address _____

City _____ IL Zip Code + 4 _____ Phone # _____

Email Address _____ Fax # _____

Total Units in Project

	SRO	Eff	1BR	2BR	3BR	4BR	5BR	Subtotal
Participating								0
Non-Participating								0
Total Units	0	0	0	0	0	0	0	0

EXHIBIT 6

**Illinois Housing Development Authority
PRIORITY POPULATION OUTREACH PLAN
IHDA # [REDACTED]**

Complete Form and Submit To:
**Illinois Housing Development Authority
RHS Program
401 N. Michigan Avenue, Suite 700
Chicago, Illinois 60611**

I. INTRODUCTION

Each Rental Housing Support Program Local Administering Agency (LAA) must make carry out a market outreach program to attract extremely low-income (30% of AMI) and severely low-income (15% of AMI) tenants, as well as other priority populations including seniors, persons with any form of disability, and homeless persons or those at risk of homelessness. The LAA must document that it has made extensive efforts to publicize the availability of Units under the RHS Program, including contacting public housing authorities, non-profit corporations serving the homeless, the disabled and senior citizens in the area in which the project is located. This Plan is designed to meet this requirement.

In addition to the marketing efforts required above, the LAA may choose to pledge to use its best efforts to make up to 30% of the Units under its Allocation available to Special Needs Households. Special Needs Households are defined as households that are homeless or imminently at risk of becoming homeless; that are imminently at risk of living in institutional setting because of the unavailability of suitable housing; or that have one or more members with disabilities, including but not limited to physical disabilities, developmental disabilities, mental illness or HIV/AIDS.

II. APPLICATION AND PROJECT IDENTIFICATION

LOCAL ADMINISTERING AGENCY

Company Name [REDACTED] Contact Person [REDACTED]

[REDACTED] [REDACTED] [REDACTED] [REDACTED]
Address City State Zip

Telephone Number [REDACTED] Fax [REDACTED] E-mail [REDACTED]

III. DIRECTION OF MARKETING ACTIVITY

As stated above, the LAA must make outreach efforts to households earning at or below 15% and 30% of the Area Median Income, and to other priority populations. Indicate below what outreach efforts you intend to make in order to meet this requirement:

In addition to the outreach efforts required under the RHS Program do you pledge a commitment to make available some percentage of your allocated units to Special Needs Households? Yes No

If yes, what percentage do you commit to? % Estimated number of Units
Please indicate below what type of Special Needs Household(s) you intend to target:

IV. MARKETING PROGRAM

In this first section of the Marketing Program, indicated what type(s) of commercial media and community contacts will be utilized in meeting the outreach efforts required under the RHS Program.

COMMERCIAL MEDIA AND COMMUNITY CONTACTS

A) General Outreach Efforts

Mark the Media to be used in advertising the availability of the 15% and 30% of AMI units, as well as the other required priority populations.

Newspaper(s)/Publication(s) Radio T.V. Billboards

Other (specify)

Names of Newspapers, Radio or T.V. Stations	Reader/ Audience	Size and Duration of Advertising
		
		
		
		

Please indicate what community contact(s) will be used as part of the required outreach program, it is understood that contact with the group/organization listed below will be established and maintained throughout initial marketing campaign and subsequent marketing efforts. If more space is needed, attach an additional sheet.

1. Name of Group/Organization
2. City, State & Zip Code
3. Targeted Population
4. Approximate Date of Contact or Proposed Contact

Group I

1)

2)

3)

4)

Group II

1)

2)

3)

4)

If you have chosen to commit some percentage of units to house Special Needs Households, please utilize the following section to indicate the type of commercial media you will use to market these units.

B) Outreach Efforts to Special Needs Households

Check the Media to be used in advertising the availability of the Special Needs Household units previously indicated.

Newspaper(s)/Publication(s) Radio T.V. Billboards

Other (specify)

Names of Newspapers,
Radio or T.V. Stations

Reader/
Audience

Size and Duration
of Advertising

If a Local Administering Agency has chosen to commit some percentage of units to house Special Need Households, indicate the community contact(s) that will be used as part of this outreach effort, it is understood that contact with the group/organization listed

below will be established and maintained throughout initial marketing campaign and subsequent marketing efforts. If more space is needed, attach an additional sheet.

1. Name of Group/Organization
2. City, State & Zip Code
3. Targeted Population
4. Approximate Date of Contact or Proposed Contact

Group I

Group II

1)

1)

2)

2)

3)

3)

4)

4)

V. ADDITIONAL MARKETING ACTIVITIES

BROCHURES, SIGNS, AND FAIR HOUSING POSTER:

1. Will brochures, leaflets, or handouts be used to advertise? Yes No
Please attach a copy of brochure or submit when available.
2. Will a fair housing poster be displayed? Yes No

VI. EXPERIENCE AND STAFF INSTRUCTIONS

- A. Have you had any experience in marketing housing to the group(s) identified above? Yes No
- B. Staff training is to include: Please indicate below how this is to be accomplished.

**LOCAL
ADMINISTERING
AGENT**


Name


Title

Signature

Date

APPROVED


Name


Title

Signature

Date

INSTRUCTIONS FOR THE OUTREACH MARKETING PLAN

I. INTRODUCTION

The Illinois Housing Development Authority requires that each Local Administering Agency carry out an outreach program to attract prospective tenants earning at the 30% and 15% of AMI levels, as well as to other priority populations. The Local Administering Agency shall describe on this form the activities it proposes to carry out in marketing its units. The outreach program also should assure that these group(s) of persons know about the housing, and feel welcome to apply and have the opportunity to rent.

Special outreach efforts do not stop with initial occupancy but are ongoing. Outreach activities are to be undertaken as long as the waiting list remains open. Should the waiting list be closed at any time, special outreach efforts may be discontinued until such time as the waiting list is re-opened.

The Authority may at any time monitor the implementation of the plan and request modification in its format or content, where the Authority deems necessary.

II. APPLICANT AND PROJECT IDENTIFICATION

Self-explanatory

III. DIRECTION OF MARKETING ACTIVITY

The Local Administering Agency must indicate how they intend to market to the severely and extremely low income, and other required priority population(s).

The LAA may also choose to pledge up to 30% of its units to Special Needs Households. If this option is chosen the LAA must indicate how they intend to market these units.

IV. MARKETING PROGRAM

The LAA shall describe the type of media and the community contact(s) they will use to meet both the required outreach efforts, as well as any additional efforts that may be needed to outreach to the Special Needs Households they have chosen to target. The types shown are suggestions for your marketing program. Please complete those portions that you plan to use. If none of the suggestions fits your marketing needs, please attach your own marketing program.

The applicant shall state:

1. The type of media to be used
2. The names of newspapers and the call letters of the radio and T.V. stations.
3. The size of the ads and duration of newspaper advertising or length and frequency of broadcast advertising.

The Fair Housing logo or slogan and the wheelchair logo must be used in ALL newspaper ads and publications.

Community contacts include individuals or organizations that are well known in the project area or the locality and that can influence persons within those groups considered a priority population. Such contacts may include, but need not be limited to: neighborhood, minority and women's organizations, churches, labor unions, employers, public and private agencies.

V. ADDITIONAL MARKETING ACTIVITIES

Self-explanatory

VI. EXPERIENCE AND STAFF INSTRUCTIONS

Indicate whether the applicant has previous experience in marketing to the group(s) identified.

Describe the instructions and training given to rental staff. This guidance to staff must include information regarding Federal, State and local fair housing laws and this Outreach Plan. Copies of any written materials used should be submitted with the plan.

EXHIBIT 7

RENTAL HOUSING SUPPORT PROGRAM

Market Rent Analysis Form

INSTRUCTIONS

This form is to calculate the average rent for units in your area based on bedroom size. You do not have to compare the units to a specific unit in your program, but will use this to help determine the amount of rent that the landlord can charge for a similar unit in the program. Leave the column blank if you do not have proposed units. The Market Area listed at the top is the area where the program units will be located. Please provide a description of the boundaries of the area.

You only need to do three (3) comparables if the average amount is below 120% of the FMR for your area. If it is over that amount you need to submit information for two more comparable units.

If your final units vary from the units used for comparables, adjustments will be made to the rent. For example, if the units used for the analysis included balconies and the final unit does not, an adjustment to the contract rent will be made.

Line 1 (Rent). Enter the rent being quoted for the unit.

Line 2 (Mo/Yr). Enter the date (month/year) when the inquiry was made.

Line 3 (Rent Concessions). Enter Y for yes or N for no indicating whether there are rent concessions in place at the present time. These can be things such as move-in specials or allowances.

Line 4 (Structure Type). Enter L for low-rise (less than 3 stories), M for mid-rise (3 to 5 stories) or H for high-rise (6 or more stories). Enter SFD for single family detached, D for duplex, T for townhouse.

Line 5 (Elevator). Enter Y for yes or N for no.

Line 6 (Yr. Built). Enter the year that the property was built if the information is available.

Line 7 (Yr. Renovated). If the property has been renovated, enter the year that it was renovated if the information is available.

Line 8 (Property Condition). This is the condition of the building or complex. Enter P for poor condition, F for fair condition or G for good condition.

Line 9 (Street Appeal). This is how the property as a whole looks from the street. Look at things like the landscaping and the condition of the neighborhood. Enter P for poor street appeal, F for fair street appeal or G for good street appeal.

Line 11 (# Bedrooms). Enter the number of bedrooms the unit has.

Line 12 (# Baths). Enter the number of bathrooms the unit contains.

Line 13 (Unit Interior Sq. Ft.). Enter the rentable interior square footage of the unit. Do not include balconies, mechanical areas or other non-living spaces.

Line 14 (Balcony/Patio). Enter Y for yes or N for no.

Line 15 (AC: Central/Wall). Enter Y for yes or N for no.

Market Rent Analysis Form
INSTRUCTIONS

Line 16 (Range). Enter Y for yes or N for no.

Line 17 (Refrigerator). Enter Y for yes or N for no.

Line 18 (Microwave). Enter Y for yes or N for no.

Line 19 (Dishwasher). Enter Y for yes or N for no.

Line 20 (Washer). Enter Y for yes or N for no. These are non-coin operated machines.

Line 21 (Dryer). Enter Y for yes or N for no. These are non-coin operated machines.

Line 22 (Parking). Enter the number of parking spaces there are on a per unit basis that are free. Enter "street" if parking is only available on the street.

Line 23 (Parking Fee). If there is an additional charge for parking, enter the dollar amount on a per monthly basis.

Line 24 (Extra Storage). Enter Y for yes or N for no indicating whether tenants are provided additional storage space.

Line 25 (Security). Enter Y for yes or N for no. Security Features can include locked doors with intercoms or security guards.

Line 26 (Pool). Enter Y for yes or N for no.

Line 27 (Recreation Areas). Enter Y for yes or N for no. Recreation Areas can include but are not limited to exercise rooms, playgrounds, volleyball or basketball courts and clubhouses.

Line 28 (Heat incl.?). Enter Y for yes or N for no to indicate whether heat is included in the rent stated above.

Line 29 (Cooling incl.?). Enter Y for yes or N for no to indicate whether cooling is included in the rent stated above.

Line 30 (Electricity incl.?). Enter Y for yes or N for no to indicate whether electricity is included in the rent stated above.

Line 31 (Cooking incl.?). Enter Y for yes or N for no to indicate whether cooking fuel is included in the rent stated above.

Line 32 (Hot Water incl.?). Enter Y for yes or N for no to indicate whether hot water is included in the rent stated above.

Illinois Housing Development Authority
RENTAL HOUSING SUPPORT PROGRAM
Market Rent Analysis Form

RHS# _____

LAA _____

Market Area _____

Bedroom Size _____

	<i>Subject Unit</i>	<i>Comp #1</i>	<i>Comp #2</i>	<i>Comp #3</i>	<i>Comp #4</i>	<i>Comp #5</i>
	Project Name:					
	Street Address:					
	City:					
A.	Rents Charged					
1	Rent					
2	Mo/Yr Inquired					
3	Rent Concessions					
B.	Design, Location, Condition					
4	Structure Type					
5	Elevator					
6	Yr. Built					
7	Yr. Renovated					
8	Property Condition					
9	Street Appeal					
C.	Unit Equipment/ Amenities					
10	# Baths					
11	Unit Interior Sq. Ft.					
12	Balcony/ Patio					
13	AC: Central/ Wall					
14	Range					
15	Refrigerator					
16	Microwave					
17	Dishwasher					
18	Washer					
19	Dryer					
D.	Site Equipment/ Amenities					
20	Parking					
21	Parking Fee					
22	Extra Storage					
23	Security					
24	Pool					
25	Recreation Areas					
E.	Utilities					
26	Heat (incl.?)					
27	Cooling (incl.?)					
28	Electricity (incl.?)					
29	Cooking (incl.?)					
30	Hot Water (incl.?)					

Preparer Signature _____ Date _____

Average Rent: _____

EXHIBIT 8



ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM

IHDA USE ONLY

TENANT INCOME CERTIFICATION FORM

Initial Certification
 Annual Recertification
 Interim Recertification
 Correction
 Transitional

Rider to Lease Start Date: _____

Effective Date: _____

PART I. PROJECT DATA

LAA Name:	Landlord Name:	What Round is this for?
Unit Address:	City:	
Unit Number:	Number of Bedrooms:	County: Zip:

PART II. HOUSEHOLD COMPOSITION

Household Member Nbr	Last Name	First Name & Middle Initial	Relationship to Head of Household	Date of Birth (mm/dd/yyyy)
0				
1				
2				
3				
4				
5				
6				

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

Household Member Nbr	(A) Employment or Wages	(B) Soc. Security/Pensions	(C) Public Assistance	(D) Other Income

TOTALS \$ \$ \$ \$

Add Totals from (A) Through (D), Above TOTAL INCOME (E): \$

PART IV. INCOME FROM ASSETS

Household Member Nbr	(F) Type of Asset	(G) Cash Value of Asset	(H) Annual Income from Asset

TOTAL (I) \$

(J) Total Annual Household Income from all Sources: [Add (E) + (I)] \$

PART V. DETERMINATION OF INITIAL INCOME ELIGIBILITY ONLY

Total Annual Household Income from all Sources: From Item (j). See page 1 \$ <input style="width: 150px;" type="text"/>	Household Qualifies Under the following Income Restriction 30% 15%
Current Application Income Limit per Family Size (Based on County Limits) \$ _____	For Initial Certification, Skip Part VI and Complete Part VII, Section "A" Below.

PART VI. RECERTIFICATION OF INCOME ELIGIBILITY ONLY

Total Annual Household Income from all Sources: From Item (j). See page 1 \$ <input style="width: 150px;" type="text"/>	Does Household's Income Fall Below Current 35% Income Limits? <input type="radio"/> YES <input type="radio"/> NO
Current Income Limits Per Family <u>Size Based on County Limits</u> Current 15% Income Limit \$ _____ Current 30% Income Limit \$ _____ Current 35% Income Limit \$ _____	If YES, Complete Part VII, Section "A" ONLY If NO, Complete Part VII, Section "B" ONLY

PART VII. TENANT RENT & ASSISTANCE CALCULATION

<p>SECTION A</p> (1) Maximum Permissible Landlord Rent (From Published Schedule) \$ <input style="width: 150px;" type="text"/> (2) Landlord's Approved Rent \$ _____ (3) TENANT'S NEW RENTAL PAYMENT (Based on IHDA Tenant Rent Schedule) \$ _____ (4) Amount of Rental Assistance (Line #2 minus Line #3) \$ _____	<p>SECTION B - For Households OVER 35% AMI at Annual Recertification.</p> (1) Maximum Permissible Landlord Rent (From Published Schedule) \$ <input style="width: 150px;" type="text"/> (2) Landlord's Approved Rent \$ _____ (3) Tenant's Current Payment \$ _____ (4) Current Amount of Rental Assistance (Line #2 minus Line #3) \$ _____ (5) Over Income Adjustment (Line #4 Divided by 2) \$ _____ (6) Tenant's New Rental Payment (Line #3 plus Line #5) \$ _____
--	---

PART VIII. HOUSEHOLD CERTIFICATION & SIGNATURES

I understand the information on this form is used to determine income eligibility. I/we have provided, for each person(s) set forth in Part II, acceptable verification of current anticipated annual income. I/we agree to notify the landlord immediately upon any member of the household moving out of the unit or any new member moving in. I/we are not receiving any other direct ongoing rental assistance.

Under penalties of perjury, I/we certify that the information presented in this Certification is true and accurate to the best of my/our knowledge and belief. The undersigned further understands that providing false representations herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the rental assistance and/or lease agreement.

I understand that I have met the initial eligibility requirements for the Program, but will need to have final approval from the Local Administering agency and Landlord before I can be approved to become a tenant in a Program Unit.

_____ Signature of Head of Household	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)
_____ Signature	_____ (Date)	_____ Signature	_____ (Date)

PART VIII. SIGNATURE OF PREPAPER

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible for participation in the State’s Rental Housing Support Program and is not receiving direct rental assistance from any other source.

_____ SIGNATURE OF PREPARER	_____ DATE	_____ PRINTED NAME, TITLE
--------------------------------	---------------	------------------------------

PART X. SIGNATURE OF LANDLORD FOR APPROVAL

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible for participation in the State’s Rental Housing Support Program and is not receiving direct ongoing rental assistance from any other source. I approve that this household can be further screened for tenancy and that the household must have approval from the Local Administering Agency before a lease can be signed.

_____ SIGNATURE OF LANDLORD	_____ DATE	_____ PRINTED NAME, TITLE
--------------------------------	---------------	------------------------------

PART XI. SIGNATURE OF AUTHORIZED LAA REPRESENTATIVE FOR APPROVAL

Based on the representations herein and upon the proofs and documentation required to be submitted, the individual(s) named in Part II of this Tenant Income Certification is/are eligible for participation in the State’s Rental Housing Support Program and is not receiving direct ongoing rental assistance from any other source. I approve that this household can be further screened for tenancy and that the household must have approval from the Landlord after the final screening before a lease can be signed.

_____ SIGNATURE OF AUTHORIZED SIGNER	_____ DATE	_____ PRINTED NAME, TITLE
---	---------------	------------------------------

PART XII. DEMOGRAPHIC DATA* (to be completed by applicant/tenant)

If you do not wish to answer these questions please check this box

**This demographic data will not be used to determine eligibility or acceptability. It will be used for State data collection purposes only. You are not required to fill out this information, but are encouraged to do so.*

Use the codes below to fill in the demographic information.

Household Member Nbr	Race	Ethnicity	Special Need
0			
1			
2			
3			
4			
5			
6			

****Race**

***** Ethnicity**

- | | |
|---|----------------------------|
| 1 – White | 1 – Hispanic or Latino |
| 2 – Black or African American | 2 – Non-Hispanic or Latino |
| 3 – American Indian or Alaskan Native | |
| 4 – Asian | |
| 5 – Pacific Island or Native Hawaiian | |
| 6 – Black or African-American and White | |
| 7 – American Indian or Alaskan Native and White | |
| 8 – Black or African American and American Indian or Alaskan Native | |
| 9 – Asian and White | |
| 10 - Two or more races and not listed above | |

****** Special Needs**

- | | |
|--|--------------------------------|
| 1 – Homeless or imminently at risk of becoming homeless | 4 – Developmental disabilities |
| 2 – Now or imminently at risk of living in institutional settings
because of the unavailability of suitable housing | 5 – Mental Illness |
| 3 – Physical disability | 6 – HIV/Aids |
| | 7 – Other |

INSTRUCTIONS FOR COMPLETING RHSP TENANT INCOME CERTIFICATION

This form is to be completed by either the owner, an authorized representative of the owner or the Local Administrating Agency (LAA). It is not meant to be an Apartment Application. The Project's on-site management staff will probably want to use a different form for that purpose.

Once approved, please submit required forms to program staff via email within three (3) business days.

Part I - Project Data

Check the appropriate box for Initial Certification (move-in), Annual Recertification (annual recertification), or Interim Recertification (recertification between annuals)

Rider to Lease Start Date Enter the date the Rider to Lease Starts

Effective Date Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.

LAA Name Enter the name of the LAA.

County Enter the county in which the building is located.

Landlord Name Enter the Landlord's Name.

Address Enter the address of the Unit.

Unit Number Enter the Unit number.

Bedrooms Enter the number of bedrooms in the Unit.

Part II - Household Composition

List all occupants of the unit. State each household member's relationship to the head of household by using one of the following coded definitions:

H	-	Head of Household	S	-	Spouse
A	-	Adult co-tenant	O	-	Other family member
C	-	Child	F	-	Foster child/adult
L	-	Live-in caretaker	N	-	None of the above

Enter the date of birth for each occupant.

If there are more than 7 occupants, use an additional sheet of paper to list the remaining household members and attach it to the certification.

Part III - Annual Income

See Rental Housing Support Program manual for a complete definition of income plus instructions on verifying and calculating income, including acceptable forms of verification. This information has been drawn from the HUD Handbook 4350.3

To be completed by owner/management/LAA. From the verification forms obtained from each income source, enter the gross amount anticipated to be received for the twelve months from the effective date of the (re)certification. Complete a separate line for each income-earning member. List the respective household member number from Part II.

Column (A) Enter the annual amount of wages, salaries, tips, commissions, bonuses, and other income from employment; distributed profits and/or net income from a business.

Column (B) Enter the annual amount of Social Security, Supplemental Security Income, pensions, military retirement, etc.

- Column (C) Enter the annual amount of income received from public assistance (i.e., TANF, general assistance, disability, etc.).
- Column (D) Enter the annual amount of alimony, child support, unemployment benefits, or any other income regularly received by the household.
- Row (E) Add the totals from columns (A) through (D), above. Enter this amount.

Part IV - Income from Assets

See the Rental Housing Support Program for a complete definition of assets plus instructions on verifying and calculating income from assets, including acceptable forms of verification. Much of the information is derived from the HUD 4350.3 manual. The RHS Program does not utilize the policy of imputing income from assets when the assets exceed \$5,000. The RHS Program only includes actual income from assets in its calculation of annual income.

To be completed by owner/management/LAA. From the verification forms obtained from each asset source, list the gross amount of income anticipated to be received during the twelve months from the effective date of the certification. List the respective household member number from Part II and complete a separate line for each member.

- Column (F) List the type of asset (i.e., checking account, savings account, etc.)
- Column (G) Enter the cash value of assets.
- Column (H) Enter the anticipated annual income from the asset (i.e., savings account balance multiplied by the annual interest rate).
- TOTALS (I) Add the total of Column (H).
- Row (J) Total Annual Household Income From all Sources Add (E) and (I) and enter the total

Part V – Determination of Initial Income Eligibility Only

To be completed by owner/management/LAA.

- Total Annual Household Income from all Sources Enter the number from item (J).
- Current Applicable Income Limit per Family Size (Based on County Limits) Enter the Current Income Limit for the household size. (Current Income Limits can be obtained on IHDA website at <http://www.ihda.org>, under the Rental Housing Support Program in the Multifamily Program section.)
- Household Qualifies under the following Income Restriction Check the appropriate box for the income restriction that the household falls under.

Part VI – Recertification of Income Eligibility Only

To be completed by owner/management/LAA.

- Total Annual Household Income from all Sources Enter the number from item (J).
- Current 15% Income Limit Enter the Current Income Limit for the household size. (Current Income Limits can be obtained on IHDA website at <http://www.ihda.org>, under the Rental Housing Support Program in the Multifamily Program section.)
- Current 30% Income Limit
- Current 35% Income Limit



Does Household's Income Fall Below Current 35% Income Limits?

If the answer is yes, then proceed to Part VII, Section A. If not, proceed to Part VII, Section B as tenant is over the income limits.

Part VII – Tenant Rent & Assistance Calculation

To be completed by owner/management/LAA.

SECTION A

For Households at 35% or Below AMI

Maximum Permissible Landlord Rent

Rent from IHDA's Published Schedule.

Landlord Approved Rent

Rent Taken from Development's Approved Rental Schedule.

Tenant's New Rental Payment

Amount listed on IHDA'S Tenant Rent Schedule (Based on Household Annual Income).

Amount of Rental Assistance

Subtract Line # 3 from Line #2.

SECTION B

For Households above 35% of AMI at Annual Recertification for Transitional Period

Maximum Permissible Landlord Rent

Rent from IHDA's Published Schedule.

Landlord's Approved Rent

Rent Taken from Development's Approved Rental Schedule.

Tenant's Current Rental Payment

Taken from Current Lease.

Current Amount of Rental Assistance

Subtract Line #3 from Line #2.

Over Income Adjustment

Divide Line # 4 by 2.

Tenant's New Rental Payment

Add Line # 3 and #5.

PART IX -HOUSEHOLD CERTIFICATION AND SIGNATURES

After all verifications of income and/or assets have been received and calculated, each household member age 18 or older must sign and date the Tenant Income Certification (add additional sheets to accommodate required signatures). For move-in, it is recommended that the Tenant Income Certification be signed no earlier than 5 days prior to the effective date of the certification.

PART X - SIGNATURE OF OWNER/REPRESENTATIVE

It is the responsibility of the owner, the owner's representative or the LAA to sign and date this document immediately following execution by the resident(s).

The responsibility of documenting and determining eligibility (including completing and signing the Tenant Income Certification form) and ensuring such documentation is kept in the tenant file is extremely important and should be conducted by someone well trained in the household income verification process.

These instructions should not be considered complete guide for RHS Program compliance. The responsibility for compliance with RHS Program regulations lies with the owner of the building(s) for which rental assistance is paid and the LAA.

Part VIII – Demographic Data

Enter the codes which apply to each household member. Completing this section is optional for the applicant/tenant and should only be completed during initial certification.

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

(2) Definitions:

“Annual Income” shall mean all amounts, monetary or not, received or anticipated to be received, from a source outside the Household, by or on behalf of the head, spouse or co-head of the Household, or any other Household member over the age of 18, during the 12-month period following admission or the date of the most recent recertification of the Household income. Annual Income includes income from the family’s assets.

“Extremely Low-Income Household” shall mean a Household whose Annual Income is less than or equal to 30% of the Median Income.

“Median Income” shall mean the median income of the area in which the Unit is located, adjusted for family size, as such adjusted income and median income for the area are determined from time to time by The U.S. Department of Housing and Urban Development for purposes of Section 8 of the United States Housing Act of 1937 (432 USC 1437).

“Household” shall mean all persons residing in the Unit.

“Severely Low-Income Household” shall mean a Household whose Annual Income is less than or equal to 15% of the Median Income.

(3) Income Eligibility:

The Landlord agrees that eligible tenants for which Rental Assistance (as defined in **Paragraph 6**) is distributed pursuant to the Program shall be either Extremely Low-Income Households or Severely Low-Income Households; provided, however, that a tenant that is already receiving or will receive rental assistance under a federal program shall not be eligible to be a tenant for which Rental Assistance is distributed pursuant to the Program.

(4) Term of this Rider:

The term of this Rider shall begin on _____, 20__ and end on _____, 20__ (the “Term”). The term of the Lease, and therefore this Rider, shall not be less than twelve (12) months; provided, however, the initial Term of this Rider may be less than twelve (12) months to reflect the term of a previously executed Lease.

(5) Rent:

The rent for the Unit is _____ (\$_____.00) per month (the “Rent”). Rent shall not include any security deposits, pet fees, parking fees, or utilities that are not covered by the Landlord. Are any utilities included in the Rent?

yes no

If yes, the Rent includes (check if included) as indicated in the Lease:

heat (Also indicate how the air is heated: electric gas other utility)

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

cooking (Also indicate the type of stove: electric gas)

hot water (Also indicate how the water is heated: electric gas other utility)

water

lights, electric

(6) Rental Assistance:

The Landlord shall lease the Unit with a rental subsidy in the amount of _____ (\$_____.00) per month throughout the term of the Lease so long as the Tenant remains eligible to participate in the Program (the "Rental Assistance").

(7) Tenant Contribution:

The Tenant's monthly contribution to Rent for the Unit is _____ (\$_____.00), (the "Tenant Contribution"). The Tenant shall be solely responsible for payment of the Tenant Contribution to the Landlord each month on a timely basis, as detailed in the Lease, with the balance of Rent subsidized with proceeds from the Rental Assistance.

(8) Income Certifications:

Prior to leasing the Unit to the Tenant, the Landlord agrees to obtain a certification of income ("Certification") from the Tenant on the Tenant Income Certification Form prescribed by the Authority. Either the Local Administering Agency (the "LAA"), or at the direction and supervision of the LAA, the Landlord, shall verify the Household's income and assets in compliance with the Rules and the Guide. When the Tenant applies to renew the lease for the Unit, but at least annually, or at such other times prescribed by the Authority or the LAA, the Tenant shall provide a recertification of Household's Annual Income ("Recertification"), report the Household's composition and supply any other information required by the Landlord or the LAA for the purposes of determining the Tenant Contribution and Rental Assistance. The Tenant agrees to provide accurate statements of this information. The Landlord, or the LAA, as the case may be, shall verify the Household income, assets and composition, in compliance with the Rules and the Guide to recompute the amount of the Tenant Contribution and Rental Assistance.

If the Tenant does not submit the required recertification information by the date specified in the Landlord's request, the Landlord may impose penalties only in accordance with the administrative procedures and time frames specified in the Act, the Rules, the Guide and Compliance Manual related to the administration of the Program. The penalties may be up to and including termination of participation in the Program.

Illinois Housing Development Authority
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Rider to Lease

The Tenant may request to meet with the Landlord to discuss any change in Tenant Contribution or Rental Assistance resulting from the recertification processing. If the Tenant requests such a meeting, the Landlord agrees to meet with the Tenant and discuss how the Tenant Contribution and Rent Assistance were computed.

(9) Reporting Changes Between Regularly Scheduled Recertifications:

a. If any of the following changes occur, the Tenant agrees to advise the Landlord immediately.

- (1) Any Household member moves out of or moves in to the Unit.
- (2) Any long-term changes in the Household's income.

In the event of notification of change, an interim certification may be initiated. The Tenant may request to meet with the Landlord to discuss how any change in income or other factors affected Tenant Contribution or Rental Assistance. If the Tenant requests such a meeting, the Landlord agrees to meet with the Tenant and explain how the Tenant Contribution or Rental Assistance was computed.

(10) Changes in the Rental Assistance:

The Tenant agrees that the Tenant Contribution and Rental Assistance may be changed during the Term of this Rider if:

- a. The Authority or the LAA determines that changes are needed, in accordance with the Act, the Rules and the Guidelines; or
- b. Tenant reports or fails to provide information on his/her income, Household composition or other factors as required by the Landlord.

(11) Tenant Obligation to Repay:

If the Tenant submits false information on any application or annual recertification, the Tenant agrees to reimburse the Landlord for the difference between the Tenant Contribution he/she should have paid and the Tenant Contribution he/she was charged. The Tenant is not required to reimburse the Landlord for undercharges caused solely by the Landlord's failure to follow Program's procedures for computing Tenant Contribution or Rental Assistance.

(12) Fraud:

The Tenant hereby certifies that the information presented for approval under the Program is true and accurate to the best of his or her knowledge. The Tenant hereby agrees and understands that the provision of false information herein constitutes an act of fraud. False, misleading or

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

incomplete information may result in the termination of the Rental Assistance, the Lease and/or this Rider.

(13) Confidentiality:

The Landlord shall not disclose any information in connection with the Household's annual income or eligibility under the Program to any person or entity, other than the LAA or the Authority, or as otherwise required by law.

(14) Housing Standards Inspections:

The Tenant shall make access to the Unit available for Authority's housing standards inspections (the "Inspections") as described in the LAA contract. Additionally, the Landlord shall make access to the common areas and grounds of the building to the Local Administering Agency for such Inspections. The Landlord shall give the proper notice of such scheduled Inspections to the Tenant aware in a timely manner as provided in the Lease.

(15) Non-Discrimination:

The Landlord shall comply with the applicable provisions of the Illinois Human Rights Act, 775 ILCS 5/1 *et seq.* and the regulations promulgated under that Act, the Fair Housing Act, 42 USC 3601 *et seq.*, Section 504 of the Rehabilitation Act of 1973, 29 USC 794, the Illinois Environmental Barriers Act, 410 ILCS 25/1 *et seq.*, the Illinois Accessibility Code, 71 Ill. Adm. Code 400, and all other applicable State and federal law concerning discrimination and fair housing.

(16) Receipt of Information:

The Tenant hereby certifies that he or she has received and read the Summary of Rights and Responsibilities of Tenants and agrees to be bound by the terms and conditions imposed under the Program.

(17) Compliance with Federal and State Law:

Notwithstanding anything in this Rider to the contrary, this Rider shall be construed in conformity and compliance with all applicable federal and State laws and regulations, including, but not limited to the Rental Housing Support Program Act, 310 ILCS 105/1 *et seq.* The Landlord affirms that the Unit complies with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821 *et seq.*), the Residential Lead-Based Paint Hazard Reduction Act of 1992 (42 U.S.C. 4851 *et seq.*), the Lead-Based Paint Exposure Reduction Act, 15 U.S.C. 2601 *et seq.*, and 24 C.F.R. 35, each as respectively amended from time to time, and the Authority's Property Standards For Rehabilitated Housing Units and the Rental Housing Support Program Housing Quality Standards, each as respectively amended from time to time.

(18) Automatic Termination:

This Rider will terminate automatically, if the Rental Assistance Contract entered into between the Landlord and the LAA terminates for any reason.

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

(19) Evictions:

The Landlord shall not evict the Tenant from the Unit without good cause.

(20) Subletting:

The Tenant shall neither sublet the Unit nor any part thereof, nor assign the Lease and this Rider, nor permit by any act or default of himself or any other person, any transfer of Tenant's interest by operation of law, nor offer the Unit or any part thereof for lease or sublease.

(21) Execution of Conflicting Documents:

To the extent this Rider conflicts with any provisions or requirements set forth in the Lease, the provisions of this Rider shall prevail and control.

IN WITNESS WHEREOF, the Parties hereto have executed this Rider and agree to be bound by the terms detailed herein.

Landlord(s):

By: _____

By: _____

Date: _____

Tenant(s):

By: _____

By: _____

By: _____

By: _____

By: _____

(Note: Each adult member of the Household must execute this Rider)

Date: _____

Illinois Housing Development Authority
RENTAL HOUSING SUPPORT PROGRAM
TENANT SELECTION PLAN

Attached is a model Tenant Selection Plan (“Plan”) to assist you in writing your tenant selection procedures. This Plan should outline the application process that an applicant can anticipate when applying for occupancy at your development. All entities named are responsible for carrying out all actions stated in this Plan. IHDA will use this document during on-site audits to ensure that each entity is following the correct procedures.

This is only a model and much of it can be modified to fit your specific needs. Sections I, II and III cannot be altered because they are background information. Any section after III can be modified but needs to accurately depict the actual tenant application and selection process in place for the Rental Housing Support Program (“RHSP”) units at the development.

For the RHSP, the Illinois Housing Development Authority (“IHDA”) has adopted the preferences required under IHDA’s enabling legislation, which follows State law. This requires a development to provide a preference for occupancy to individuals or families that are displaced from an urban renewal area, as a result of a governmental action, or as a result of a major disaster. As part of the RHSP, additional preferences cannot be given to any specific sub-population unless another funding source requires it for the development, and therefore for the program units. If your property has a funding source that requires a preference be given to a specific type of tenant, these particular tenants need to be clearly denoted on your waiting list. If another funding source is not in place but you are targeting households with Special Needs, as defined by RHSP, they cannot, based on their Special Needs, have preference on your waiting list. All RHSP applicants are to be handled on a “first come, first serve”.

Other than the state mandated preferences, the other two exceptions to the “first come, first serve” policy is with accessible units. Households, both on the waiting list as well as existing tenants, needing accessible units will be given preference for those units. Households at 15% AMI and below may also be given a preference status to until 50% of the units have households at this income level.

At a minimum, your Plan should include language regarding the income breakdown at your development, any funding requirements in relation to sub-populations, the application process to be instituted at your development and the waiting list process. The attached Plan also provides language on the interview process, eligibility requirements, occupancy standards, as well as rejection criteria and procedures. This language may be adopted as is or tailored to your development’s specific procedures. Also attached to the Plan are model exhibits for all correspondence and other documentation referenced in the Plan. These exhibits may also be revised to reflect the needs of your development.

In screening applicants for housing, please be advised that tenant selection criteria must be applied to **all** RHSP applicants, regardless of an applicant’s race, color, creed, religion, sex, national origin, age, familial status, marital status, ancestry, unfavorable military discharge, receipt of governmental assistance or disability.

This plan should be negotiated and approved by both the property owner and the LAA. Functions can be designated to either entity, but both need to approve of the plan. A LAA must have a Tenant Selection Plan for each landlord they contract with for the program.

**TENANT SELECTION PLAN
RENTAL HOUSING SUPPORT PROGRAM**

"Development Name"

_____, Illinois

"Owner"

"Management (if applicable)"

Responsible Entity for Preference Processing

I. INTRODUCTION

This Tenant Selection Plan (the "Plan") outlines the procedures that will be followed in selecting RHSP tenants for the Development. Entities identified throughout the document are responsible for implementing these procedures as assigned.

A. Unit Distribution

RHSP has a goal to use 50% of the Program Units for households at 15% and below AMI. To accomplish this, developments are asked about the number of units that may be available for these households.

These units are not set-asides, but are merely trying to reach households at different income levels.

Target Goal for this Development:

_____ units at 15 % median income

_____ units at 30 % median income

Please Note: LAAs are required to try to use half of their units to house households at 15% of AMI and below. If unable to reach the above requirement of serving households at/or below 15% of area median income, the LAAs must provide documentation of its inability to identify, reach or house households in this range. LAAs would then be allowed to serve more households above the 15% level, but below the maximum level of 30% of area median income.

If a household occupying a RHSP unit experiences a change of income so as to no longer qualify for the unit, the household may remain in the rental unit. Please refer to the RHS Program Guide for specific details on the procedures. If the household stops participating in the program, another unit must be identified to start participating in the Program.

B. Rent Structure

The initial rent structure for the development, by RHSP unit size, is attached to this Tenant Selection Plan (**Exhibit A**).

II. DEVELOPMENT DESCRIPTION

Check all those that apply.

Units participating in the Rental Housing Support Program **cannot** be set aside or used for specific types of tenants unless there is another funding source associated with the units that specifically has a stated restricted eligibility. Indicate in that information below if you have any of those restrictions.

___ The Development is not designated as housing exclusively for any particular tenant type.
This would typically include those developments known as "Family".

___ The Development is designated as housing exclusively for the Elderly.
If Elderly, please indicate the age restriction. _____

___ The Development is designated as partially or fully designated for a specific type of tenant.

Total Number of Units in the Development. _____

Please indicate the number of units designated for the program, and identify those that are restricted to households with the following attribute.

<p><i>Nbr of Units</i></p> <p>___ No restriction on unit</p> <p>___ Developmentally Disabled</p> <p>___ Foster Care Families</p> <p>___ Homeless</p> <p>___ Physically Disabled</p> <p>___ Other _____ <i>(please describe)</i></p>	<p><i>Nbr of Units</i></p> <p>___ Domestic Violence</p> <p>___ Ex-Offenders</p> <p>___ HIV/AIDS</p> <p>___ Mental Illness</p> <p>___ Transitional</p>
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Indicate the funding sources that require any restrictions identified above.

<u>Funding Source</u>	<u>Restrictive Attribute</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

III. **PREFERENCES**

A. **Establishing Preferences**

The following preferences apply to the development:

1. **Program Preferences – mandated by state law**
The development will comply with the three IHDA mandatory preferences as established by the State of Illinois. Please seek clarification from IHDA regarding the interpretation of these preferences. The preferences are described below.
 - a) Displaced from an urban renewal area.
 - b) Displaced as a result of a governmental action.
 - c) Displaced as a result of a major disaster.

IHDA will work with all entities to properly assign responsibilities should these preferences go into effect.
2. Households at or below 15% of AMI will be housed before households whose annual income is above 15% but also at or below 30% of AMI. This preference will only be used to achieve the requirement to have at least 50% of the Program units occupied by households with annual incomes at or below 15% of AMI. This preference will not be used once this requirement has been reached.

B. **Selection of Households for Participation**

1. An eligible applicant who qualifies for a preference will receive housing before any other applicant who is not so qualified. These preferences take precedence over other applicant's place on the Waiting List (as defined below), or date of submission of application.
2. Applicants will be informed of the availability of preferences, and will be given an opportunity to certify that they qualify for a preference. Applicants may claim a preference at any time during the application process.

C. **When a Preference Is Denied**

1. If it is determined that an applicant does not meet the criteria for receiving a preference, the applicant will promptly receive a written notice of this determination from Responsible Entity listed above (**Exhibit C**). The notice will contain a brief statement of the reasons for the determination, and state that the applicant has the right to meet with the Responsible Entity's designee to review this decision. If the applicant requests a meeting, it will be conducted by a person or persons designated by the above named entity.
2. Denial of a preference does not prevent the applicant from exercising any legal rights the applicant may have against Responsible Entity and/or Owner.

The remaining sections may be altered to fit your needs, including deletions of actions you will not take, but each function must be addressed.

IV. SELECTION AND APPROVAL OF EXISTING TENANTS DURING INTIAL LEASING

An option available is to select and approve Existing Tenants in the development for participation in the Rental Housing Support Program during the Initial Leasing phase.

Will this development offer Existing Tenants this option? Yes No

If a Development is choosing this option, please complete Sections A and B.

A. Selection of Existing Tenants

During the Initial Leasing for the Program Units, Existing Tenants may be selected and approved for participation in the Rental Housing Support Program. Please provide a narrative explaining how Existing Tenants will be notified about the Rental Housing Support Program, how Existing Tenants will be chosen, how rejected applications will be handled, what entity will be responsible for the process, and how this process will be communicated to all Existing Tenants.

Rejected Applications from Existing Tenants cannot be used during the Application phase to create the Waiting Lists for the Program Units.

B. Approval of Existing Tenants

Existing Tenants' applications will need to be approved, and eligibility for the Program must be certified in the same manner as applications collected after the Initial Leasing Phase. Please provide a narrative for how Existing Tenants' applications will be processed, including what notifications will be sent, deadlines established, which entity will be responsible for this process, and other similar details.

V. APPLICATION PROCESSING

A. Distribution of Applications

Entity Responsible for Distributing Applications:

1. A letter (**Exhibit D**) will be sent to persons who respond to the marketing efforts. This letter will include an Application to be completed and mailed to the Development (**Exhibit E**). This letter will also inform persons about the Development's preferences and will indicate that all applicants will be given an opportunity to show that they qualify for a preference. If the RHSP units have a requirement from another funding source that applicants must meet to be eligible, the above named entity will explain in the letter that some units are have the requirement and that a plan is in place to fill those units with applicants who meet the requirement.
2. The letter will state that those persons qualifying for a preference will receive housing before any other applicant who is not so qualified.
3. In addition, the letter will inform all applicants that for those not claiming a preference, screening will be conducted according to the order in which the Applications are received.
4. All returned Applications will be logged in, indicating the time and date received (**Exhibit F**). The Application log will indicate whether the applicant has claimed a

preference or has requested a handicapped accessible unit.

- Existing tenants should also be notified about the Program, particularly if they are eligible for the Program. Notification to this group should be included in the plan, as well as the criteria for accepting or rejecting existing tenants, and how some existing tenants are chosen over other similarly qualified existing tenants. If offering units for Existing tenants before the start of outreach to other possible applicants, include this information with your notification, as well as the policy that Existing tenants will only have preference in the initial leasing up of the Program Units.

B. Management of Applications

Entity Responsible for Management of the Applications:

- Applications will be filed in the order of receipt. In addition, Applications will also be categorized according to preferences and unit size.
- All persons making inquires will be provided an Application with instructions to mail this Application to the above named entity. Applications received after initial sorting will be categorized in accordance with the process stated above.
- No Applications will be accepted after the date on which 95% occupancy of the Development has been reached and the applicable Waiting List has been closed.
- All Applications will be retained on-site permanently.

VI. WAITING LIST PROCEDURES

A. Definition of Waiting Lists

Entity Responsible for Administration of the Waiting Lists:

The Development will maintain two Waiting Lists: one for preference applicants and the other for non-preference applicants. A third Waiting List must be established if some units in the development have restrictions for eligibility.

The names of all persons from whom Applications were received, but who were not contacted for an interview, will receive a letter stating that they have been placed on the applicable Waiting List and informed of their position on the Waiting List. A person's position on the Waiting List will be based on the chronological order in which he/she applied for occupancy to the Development. Names on each Waiting List will appear in order of receipt of the Application. Placement on a Waiting List, however, does not guarantee that the person is eligible or acceptable for occupancy at the Development. A model Waiting List form is provided.

B. Contacting Persons on the Waiting Lists

Entity Responsible for Contacting Applicants when a Unit is Available:

1. The above named entity will contact Applicants as follows: When a RHSP unit becomes available or is about to be prepared for vacancies, the Application with the top preference priority number for that unit size will be selected. If there are no applicants claiming a preference, the Application with the top priority number from the Non-Preference Waiting List (s), depending on the type of unit, for that unit size will be selected. The above named entity will telephone the selected applicant at least three times during the next 48-hour period. If the applicant cannot be reached, a certified letter will be sent to the applicant requesting a date and time for an interview. If the above named entity does not receive a response to the certified letter within ten business days from the date the letter was mailed, the applicant will forfeit the opportunity to apply for the available unit but will remain at the top of the applicable Waiting List. When a second unit becomes available, the above named entity will send another certified letter to the applicant. This letter will explain that if the applicant does not respond within the period specified, the applicant's Application will be placed in the inactive file. If the applicant does not respond and his/her Application is placed in the inactive file, a final letter will be sent informing the applicant that his/her name has been removed from the Waiting List.
2. If the applicant refuses a unit, he/she will remain at the top of the applicable Waiting List. However, a letter will be sent informing him/her that after the second refusal, his/her name will be removed from the applicable Waiting List and placed in the inactive file.
3. When an interview is scheduled but the applicant fails to attend, an attempt will be made to contact the applicant by telephone. If there is no contact after three attempts within 48 hours, the household's Application will be placed in the inactive file. If the applicant is contacted, and the applicant had good cause, such as illness or accident, for failure to keep the original appointment, another appointment will be scheduled. If the applicant again fails to attend the interview, the applicant's Application will be placed in the inactive file.
4. After the interview has been conducted, the applicant will then be certified and go through the full application process.

C. Updating the Waiting Lists

Entity Responsible for Updating the Waiting Lists:

1. Following the completion of initial interviews, the Waiting Lists will be updated at least once every twelve months in the following manner: the above named entity will send a letter to each applicant on each of the Waiting Lists (**Exhibit G**). The letter will include a Reply Card (**Exhibit H**) to be returned if the applicant is still interested in living at the Development. The applicant will be given 15 days (excluding weekends and designated Federal holidays) from the date the letter was mailed in which to respond. If no response is received, the household's Application will be placed in the inactive file, and a letter will be sent informing the applicant of this action.

2. After each of the Waiting Lists are updated based on the Reply Cards returned, a current status letter (**Exhibit I**) will be sent to each applicant informing the applicant of the position of their Application within the particular unit category. The current status letter will also inform the applicant that it is their responsibility to notify the above named entity office of any change in address, telephone number or telephone device for the deaf (TDD) number (if applicable).

D. Closing/Reopening the Waiting Lists

Entity Responsible for Closing the Waiting Lists:

1. Closing the Waiting Lists
Once the number of Applications for a unit size equals the projected unit turnover for that unit size for a two-year period (see chart below), and the Development has attained 95% occupancy, Application Cards will not be accepted and the Non-Preference Waiting List will be closed.

<u>Unit Size</u>	<u>Annual Projected Turnover</u>	<u>Maximum Pre-Application Cards (Annual Projected Turnover x 2)</u>
0 BR		
1 BR		
2 BR		
3 BR		
4 BR		

2. Reopening the Waiting Lists
If, based on Annual Projected Turnover, it is anticipated that all persons who have submitted Applications for a specific unit size will be housed within the next twelve months, the Waiting List for that unit size only will be reopened and Applications will again be accepted. A 90-day advance notice of the reopening the Waiting List will be presented to the general public through marketing efforts outlined in the Development's Marketing Plan. The only exception to this notice will be in those cases where the Development is experiencing an unexpected vacancy loss due to unusual turnover. All persons contacting the Development regarding the Waiting Lists will be informed of this policy.

3. Exceptions with Regard to Closing the Waiting Lists
If a development has a closed Non-Preference Waiting List (s), the above named entity may place an applicant claiming a Development preference on the Preference Waiting List, unless the above named entity determines that the Preference Waiting List contains an adequate pool of applicants to fill the expected vacancies. If this determination is made, the Preference Waiting List will be closed. The above named entity will inform all persons inquiring of this policy.

VII. SCREENING PROCESS

A. Application Requirements

Entity Responsible for Collecting and Processing Applications:

This process is for potential applicant households who wish to participate in the RHS Program.

The above named entity will collect and process applications.

B. Processing Applications

Processing applications will be handled by the above entity.

A processed application includes the following information:

1. *A written application submitted by the applicant household.*
2. *A credit report ordered by the above named entity.*
3. *Verification of income, bank accounts and other assets, etc., as applicable for each applicant household.*
4. *Verification of the previous two years of housing. This includes housing for applicants who were previously homeowners or lived with parents/guardians.*

Potential applicant households may have an interview with the above named entity to submit needed information and obtain a copy of the documentation.

All applications will be processed within thirty days after the date of the applicant's initial interview or within five business days of receipt of all required documentation, whichever is later (excluding weekends and designated Federal holidays).

VIII. ELIGIBILITY REQUIREMENTS

Entity Responsible for Certifying Income:

A. Income

The annual gross income of the applicant must be less than or equal to the income limits established by the applicable program administrative rules for the appropriate household size. Income must be certified before an applicant can become a tenant. If an applicant is not at that time income eligible, that household will receive a rejection letter.

IX. OCCUPANCY STANDARDS

Entity Responsible for administering/enforcing Occupancy Standards:

*The RHSP unit applied for must have enough space to accommodate the applicant's household. In selecting a unit size for the applicant, the above named entity's occupancy standards must comply with federal, state and local occupancy standards, and/or laws in connection with occupancy requirements, fair housing and civil rights laws, as well as landlord-tenant laws and zoning restrictions. **In establishing occupancy standards, it is recommended that the Local Administering Agency seek advice of legal counsel.** (These standards must be available for review by Authority staff and applicant households.)*

X. SELECTION AND REJECTION CRITERIA

Meeting the eligibility requirements does not mean that an applicant will be a suitable tenant. The ability of the applicant to fulfill lease obligations, along with any related explanations offered by the applicant concerning the facts involved, including any changes in circumstances, will be considered. Remember that all applicants must be treated the same and once the guidelines are established they must be followed.

Applications that meet both eligibility and acceptability requirements must be then be approved by both the Local Administering Agency and the Owner/Landlord before a household can move into a Program Unit. (this is not modifiable in the Tenant Selection Plan)

An applicant may be rejected for one or more of the following reasons:

Owners of Program units are Responsible for Accepting or Rejecting Applicants: (owners must be able to accept or reject applicants, this is not modifiable in the Tenant Selection Plan)

A. Insufficient/Inaccurate Information on Application

Refusing to cooperate fully in all aspects of the application process or supplying false information will be grounds for rejection.

B. Credit and Financial Standing

1. *Unsatisfactory history of meeting financial obligations (including, but not limited to timely payment of rent, outstanding judgments or a history of late payment of bills) will be considered. If an applicant is rejected based on the credit report, the above named entity will provide the applicant with the reason for rejection and give the name of the credit bureau that performed the credit check. Applicants will also be given two weeks to dispute any information on the credit report.*
2. *The inability to verify credit references may result in rejection of an applicant. Special circumstances will be considered in which credit has not been established (income, age, marital status, etc.) and lack of credit history will not cause an applicant to be rejected. In such circumstances, the above named entity may require that a person with a history of creditworthiness guarantee the lease.*
3. *The applicant's financial inability to pay his/her monthly contribution toward the rent of the unit will be assessed. Ordinarily, the total of the applicant's monthly contribution plus other long-term obligations (payments extending more than twelve months) should be less than 45% of his/her monthly gross income. Income ratios*

will be considered in the context of the applicant's credit and employment history and potential for increases in income.

C. Criminal Convictions/Current Drug Use

1. *Applicants who fall into the following categories may be rejected. In addition, if other persons that will be living in the unit fall into these categories, the applicant may be rejected.*
 - a) *criminal convictions that involved physical violence to persons or property, or endangered the health and safety of other persons;*
 - b) *criminal convictions in connection with the manufacture or distribution of a controlled substance; or*
 - c) *current addiction to or engagement in the illegal use of a controlled substance.*
2. *If an applicant is currently receiving treatment for addiction to a controlled substance, the applicant will not be rejected so long as he/she is acceptable as a tenant in all other respects. All circumstances regarding criminal convictions, including the period during which the convictions occurred, will be considered.*

XI. REJECTION PROCEDURES

Entity Responsible for Notifying Rejected Applicants:

A. Written Notification

*Each rejected applicant will be promptly notified in writing of the reason(s) for rejection (**Exhibit K**). This notice will advise the applicant that he/she may, within 14 days of receipt of the notice (excluding weekends and designated Federal holidays), respond in writing or request to meet with the above named entity to discuss the notice. The notice shall also inform the applicant that responding to the above named entity's notice does not prevent the applicant from exercising any legal rights he/she may have.*

B. Review of Rejected Applications

The applicant will have 14 days (excluding weekends and designated Federal holidays) to respond in writing or request a meeting to discuss the rejection. Any meeting with the applicant or review of the applicant's written response will be conducted by a member of the above named entity's staff who did not participate in the decision to reject the applicant.

If the applicant appeals the rejection, the applicant will be given a final written decision from the above named entity within five days (excluding weekends and designated Federal holidays) of the written response or meeting. If the decision is reversed, the applicant will be offered a suitable vacant unit. If no such unit is available, the applicant will be offered the next appropriate unit.

XII. AMENDING THE TENANT SELECTION PLAN

This Tenant Selection Plan may be amended only with the prior written approval of the Illinois Housing Development Authority.

XIII. CERTIFICATION

By signing this Tenant Selection Plan, the development Owner and the LAA certifies that the contents of this plan will be followed as written, and that no other Tenant Selection Plan has been executed for the Units participating in the Rental Housing Support Program at this time, unless a Memorandum of Understanding has been established.

Submitted: _____, Owner
Signature

_____ Date _____
Print Name

Submitted: _____, LAA
Signature

_____ Date _____
Print Name

Approved: _____ IHDA
Signature

_____ Date _____
Print Name

EXHIBIT A

RENT STRUCTURE

Unit Type **Contract Rent**

Studio

1 BR

2 BR

3 BR

4 BR

EXHIBIT B

CERTIFICATION FOR PREFERENCE STATUS

Dear _____:

_____, (applicant) has applied for housing at _____ and has indicated that they are eligible for a housing preference given the following circumstance:

Program/IHDA Preferences

_____ Displaced from an urban renewal area.

_____ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.

_____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.

In order to determine the preference status for _____, (applicant) we are required to verify the preference. Therefore, we would appreciate your completing the certification below and returning this form in the enclosed envelope. This information will be used only for purpose of determining the preference for this applicant.

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

Signature of Applicant

I verify that _____ (applicant) current living situation meets one or more of the conditions as cited above.

Firm or Agency Name: _____

Date: _____

Signature

Title

Firm or Agency Address

Date

EXHIBIT C

REJECTION LETTER FOR PREFERENCES

Re: _____ Apartments

Dear _____:

In your recent application for _____ Apartments, you indicated that you qualify for the following preference(s):

- _____ Displaced from an urban renewal area.
- _____ Displaced by a disaster, such as a fire or flood, that resulted in extensive damage or has destroyed the unit.
- _____ Displaced by an activity carried on by an agency of the United States or by any State or local government body or agency.
- _____ (List the preferences adopted by the owner)

After reviewing the documentation which you submitted, we regret to inform you that you do not meet the criteria for receiving a preference based on the following reason(s):

The _____ Development does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

If you feel this decision has been made in error and wish to provide additional documentation, please contact the rental office at _____ (voice) or _____ (TDD).

Sincerely,

Property Manager

EXHIBIT D

APPLICANT INQUIRY

Date

Dear _____:

Thank you for your initial inquiry regarding housing at _____. Residents will be selected only from those eligible persons who make formal application. We had numerous inquiries for our apartments.

We are now accepting applications from interested households. If you are still interested in living at _____, please return the enclosed application by mail as soon as possible.

You may be eligible for a preference if one of the following conditions applies to you have been displaced: from an urban renewal area; by a disaster, such as a fire or flood, or by an activity carried on by an agency of the United States or by any State or local government body or agency. (Also list the preferences adopted by the owner). Households qualifying for a preference will receive assistance before any other applicant households that are not so qualified. If you feel you qualify for a housing preference, complete the appropriate certification form attached to this letter and return it along with your application by mail.

For households not claiming housing preference, screening will be conducted according to the order in which the applications were received.

Interviews will be conducted at _____. Leasing personnel will be unable to see applicants prior to their scheduled interview. If you have any questions, we will be happy to answer them at the time of your interview.

The _____ Development does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

Sincerely,

Resident Manager

EXHIBIT E

APPLICATION

(Please utilize the Application form of your choice)

EXHIBIT G

WAITING LIST UPDATE

Date

Dear Friend:

We are currently in the process of updating our waiting list for _____
_____. Some time ago, you expressed an interest in living at our development,
and your name was placed on the waiting list.

If you are still interested in living at _____,
enclosed is a card which must be returned to _____,
our office, within 15 days (excluding weekends and designated Federal Holidays). Failure to return
this information within this time period will result in your name being permanently removed from the
waiting list.

It is not necessary to call or come in to the office at this time as we do not have anything
immediately available.

The _____ Development does not discriminate against
any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status,
ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or
handicap.

Thank you for your interest in _____.

Sincerely,

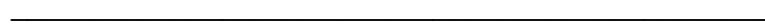
Resident Manager

EXHIBIT H

REPLY CARD

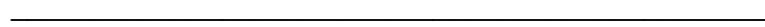


I AM STILL INTERESTED IN LIVING AT



APPLICANT
NAME _____

CURRENT
ADDRESS _____



PHONE# _____

WORK# _____

UNIT SIZE DESIRED _____ SRO _____ Efficiency _____ 1
BR _____ 2 BR _____ 3 BR _____ 4BR _____ 5BR



EXHIBIT I

WAITING LIST PLACEMENT

Date

Dear _____ :

This letter is to advise you of your current position on our non-preference/preference waiting list for future occupancy at _____. At the present time you are:

Number _____ for a _____ bedroom unit.

This letter is the only means by which you will be informed of your position on the waiting list. Please remember to notify the _____ our office of any change of address or phone number.

The _____ Development does not discriminate against any applicant on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

Sincerely,

Resident Manager

EXHIBIT J

SAMPLE WAITING LIST

Date Rec'd	Time Rec'd	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment/Contact	Remove/Rejected Date	Move-in Date	Preference Type
				EL	VL	L	Y	N				
12/3/01	10:30 AM	Mary Tate	2	X				X				Elderly
12/4/01	1:00 PM	Hiroshi Kihara	2		X			X				

EXHIBIT K

APPLICANT REJECTION

Date

Dear _____:

We wish to thank you for your interest in renting an apartment at _____. After careful consideration and review of your application, we regret we are not able to accept your application for tenancy at this time for the following reasons:

If you wish a review of this decision, please contact the _____ our office at _____ (voice) or _____ (TDD) within 14 days of the date of this letter (excluding weekends and designated Federal Holidays) to schedule an appointment.

Regardless of whether or not you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or handicap.

Sincerely,

Resident Manager

EXHIBIT 11

IHDA RENTAL HOUSING SUPPORT PROGRAM Unit Transfer Approval Form

LAA Name Contact Person

Phone Number Fax Number E-mail Address

Landlord Name Development Name (if applicable)

Address City Zipcode + 4

Phone Number Fax Number E-mail Address

Head of Household Name: _____

Unit Moving from Address: _____

Unit Moving to Address: _____

Unit Size of Current Unit: _____ *Unit Size of Proposed Unit:* _____

Rent for Current Unit: _____ *Rent for Proposed Unit:* _____

Date of Proposed Transfer: _____

Reason for Proposed Transfer: _____

Landlord or Contact Signature: Date:

Printed Name:

LAA Approval Signature: Date:

Printed Name:

RHSP Manager Signature: Date:

EXHIBIT 12

Date

Landlord Name
Landlord Address
City, State, Zip

Dear Mr. / Mrs. *Landlord Name*

You are receiving this Acknowledgement Letter to verify the payment you have received from the Illinois Housing Development Authority for your participation in the Rental Housing Support Program. Due to a recent change in the Quarterly Reporting process within the program, we are asking that you certify to the accuracy of your payment by signing this letter and returning an original copy to your LAA representative.

Date of Payment: (insert payment date here)

Round Number: (insert round number here)

Months Subsidy Provided: (insert quarter dates here)

Amount of Payment: (insert payment figure here)

Subsidized Units: (list all occupied units here)

By signing below, you are in agreement that the above information is correct.

_____ (landlord signature)

_____ (printed name)

You must complete this certification and return it to your LAA representative by **insert date here**. Failure to complete this requested certification three times will result in your contract being terminated.

We appreciate your cooperation in this matter.

Sincerely,

LAA Rep Signature
LAA Rep Title

EXHIBIT 13

10/2020 - 12/2020 Quarter Paid

<u>Agency</u>	<u>Amt Received</u>	<u>Amt Paid</u>	<u>Difference</u>
CEDA	\$100,000	\$104,000	-\$4,000
Dupage	\$250,000	\$235,000	\$15,000
HCP	\$75,000	\$75,000	\$0
Henry	\$20,000	\$18,000	\$2,000

<u>Total Certs</u>	<u>Received</u>	<u>Notes and/or Names of Missing</u>
17	17	All certs received, LAA paid shorted funds out of Admin, to be reimbursed at later date.
19	16	Three certs missing totalling \$15,000
26	26	All certs in and accounted for
5	4	Missing one landlord cert totalling \$2,000

RHS & LTOS Auditing Process

The Audit process for the RHS program consists of 4 phases: A desk audit, an office visit to the LAA, Findings letter, and finally closing the audit. The LTOS program is done the same way, however it utilizes a different timeline. LAA's receive 1 audit per 3-year contract generally 2 years into the contract, this allows us 1 year to determine if the agency should continue in the program when the renewal period begins. The LTOS developments are reviewed every 2 years just as a spot check, since those contracts are 15 years with no renewal permitted, we are just analyzing performance.

Desk Audit

The desk audit process is completed a few days prior to the office visit. The desk audit consists of the following steps:

1. Selection of landlords and units to be reviewed during the office visit. The sample size for both is based on a % of the total number of landlords and units. If the number of landlords is less than 10, then 50% of the total landlords will be selected. If the number of landlords is greater than 10, then 40% of the landlords are selected. In terms of units, if there are less than 20 units in the round, then approximately 50% are reviewed. If there are more than 20 units in the contract, then a sample of no less than 10, but no more than 15 units are reviewed. Both the landlords and units that are selected are done so randomly. While it is random, the goal is to at least select at least one new (landlord & unit), and one former (landlord & unit) to review. The remaining will be a mix of all "ages" landlords and units. **Please note that for LTOS reviews, only unit files are selected..**
2. After the landlords and units are selected, an Audit workbook is created, and the information is added. The workbook contains the following tabs: Summary, Scoring Guide, Desk Review, Agency Overview, Unit Information, and Program Mgmt. The Summary section is where the agency/review information is recorded as well as a summary of the scoring awarded during the review. The Scoring Guide is a reference tab for grading information only. The Desk Review tab contains questions on Contract Utilization, Tenant Document Submission, Removal of Landlords, and the Tenant Selection Plan (**most of the questions regarding the TSP are answered on site and not in the desk review**). Agency Overview contains questions on the Outreach efforts and the Plan for Services. The Unit Information tab (one created for every unit reviewed) contains information/questions about the household (current or last) occupying the unit. The Program Mgmt. section contains questions about the security of our program documentation. Each section contains Yes/No questions with comment sections, and based on the answers/comments, the sections are then scored at the conclusion of the audit. **Please note that the Unit Information section is scored as an aggregate, if 2 out of 8 units reviewed had errors, while the remaining 6 files were perfect, the score would be on the higher end for example.**

New process due to 2020 Internal Audit Findings Corrective Action:

3. The next step of the desk audit is to review the LAA's (and selected landlords) compliance with documentation processing. If the LAA (or a landlord) has been repeatedly negligent with meeting program documentation deadlines, it will be noted in the review and marked as a finding. If the problem persists beyond the completion of the audit, the flagrant party will

be unable to apply for future participation in the program after the expiration of the current contract.

The final stage of the desk audit is to review available documentation for each landlord/unit selected and take notes on errors/items to look for when doing the office visit. **Office Visit**

The office visit takes place at the main office (or agreed upon satellite location) for each LAA. The LAA receives a letter from program staff between 45-90 days prior to the date of the review which contains all relevant information for what they must provide for the audit. They are not required to stay with the Program Coordinator during the review but are required to be readily available to the Program Coordinator throughout the visit. When the Program Coordinator arrives, a list of the specific files to be reviewed is provided to the LAA staffer who then gathers the files. This information is not provided in advance to prevent staff from removing possible findings/altering documentation prior to review. In addition to landlord/unit files that are reviewed, the following documents are also reviewed:

1. Outreach materials (how the agency markets to prospective clients and landlords)
2. Bank statements (showing the receipt of funds from IHDA as well as the money going out to the landlords). Each payment made from IHDA for 2 years should be verified, only payments made to the sampled landlords will be reviewed for the past year.
3. Plan for services (materials provided to clients for various educational purposes (employment, medical care, transportation, etc.)
4. Inspection files (all inspections performed for the last 3 years for each unit in the round)
5. Wait List (up to date)
6. Rejected Applicant Files (if applicable)

This material can be reviewed while the LAA staff gather the landlord/unit files. Once those files are presented, the landlord files are reviewed for the following information:

1. Copy of most recent paid tax bill
2. Mortgage statement (in good standing)
3. Current utility bills (if applicable)

The tenant files are reviewed for all information for a minimum of the current least year and a maximum of 2 years prior. The tenant information reviewed is being looked at for accuracy purposes only. The following documents are reviewed within the tenant file:

1. Application (if the tenant has been in the program for longer than 3 years, this step is skipped).
2. TIC's (for maximum of 3 years)
3. Income Verifications
4. Leases & Riders (for up to 3 years)
5. Tenant Correspondence (if applicable)

Notes of discrepancies are made on the audit book and listed as Findings in the third phase of the process. After all discrepancies are noted, the audit is scored. The scoring of each section is awarded based on accuracy of the information provided, seriousness of the Findings found, and the total number of questions in the section. The final score is then graded using the "Scoring Guide" tab of the book.

Findings Letter

The Findings Letter is comprised of the following:

1. A brief thank you and summary of the office visit.
2. The notation assigned to the score received (i.e “All Aspects of the LAA’s mgmt. are excellent”).
3. In depth details of each finding (grouped where possible) and the corrective action to be taken for each.
4. A requested due date for all materials to be responded to, generally 30 calendar days from the date of the letter (unless otherwise noted).

Closing Process

Upon receipt of Findings response, review the materials to verify they adequately satisfy the Finding.

1. If all items are sufficiently addressed, draft the closing letter thanking the agency for their participation in the audit and that all items are considered closed at this time and submit a copy to the LAA for their files.
2. If any or all of the items are not properly addressed, submit further direction to correct the items in question to the LAA and give them approximately 10 calendar days to comply and close the items.

- a. If they respond and close the findings (in the second attempt), send the closeout letter.
- b. If they fail to respond properly and close out the findings, the LAA will require a second review. Send them a letter to that effect.

This secondary audit is scheduled within the letter notifying them that they failed the audit and generally scheduled no more than 30 calendar days out. For this audit, no desk review is done. The only material reviewed is documentation found on site at the LAA’s office and is for landlords/units not previously selected. The sample size is 50% of the previously selected size. Here we are targeting the previous findings to see if they consistently occurred in files not audited prior. Depending on the seriousness of the finding, a different course of action is taken with the LAA. If the newly audited files **do not contain** any errors consistent with the previous findings, the Program Coordinator may close the audit at this time. If the newly audited files **do contain** errors consistent with the previous findings, the LAA is put on a Performance Plan which they must adhere for a period of 3 years in order to be eligible for continued participation in the program.

Performance Plan

A Performance Plan is only put into place if a LAA either fails their audit **AND** a follow up audit **OR** if a LAA fails the initial audit **with multiple findings** of the highest level of severity. The Performance Plan is given to the LAA indicating the reasoning for the plan and what the LAA must do to regain standing with the program and to be permitted future renewals. It does not have a set course of action as it will be tailored to the situation, but must always be upheld for a period of three years as per requirements of the Funding Agreement.

Some examples of findings of the highest severity that would result in a Performance Plan after only the initial review are:

1. Consistent failure of HQS Inspections of multiple units (with no documented corrective action taken).
2. Missing documents from the files (an entire annual certification including lease, rider, income verification and TIC)
3. Bank statements missing record of numerous payments either to the LAA or from the LAA to the landlord.

The above are only examples, and other instances could require a Performance Plan be put in place as well. Please note the above examples all require that the Finding be present multiple times. Only a single instance of any of the scenarios above (while a severe hit to their score) would not require an immediate Performance Plan to begin.