



**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**

Owner & Agent Training

Avoiding Common Compliance Errors:

Best Practices for IHDA Document Submissions

Presenter: Heather Metcalf, Asset Manager



Session Agenda



1. Internal Processes at IHDA
2. Brief Document Overview
3. Most Common Mistakes
4. Break Out Session and Questions

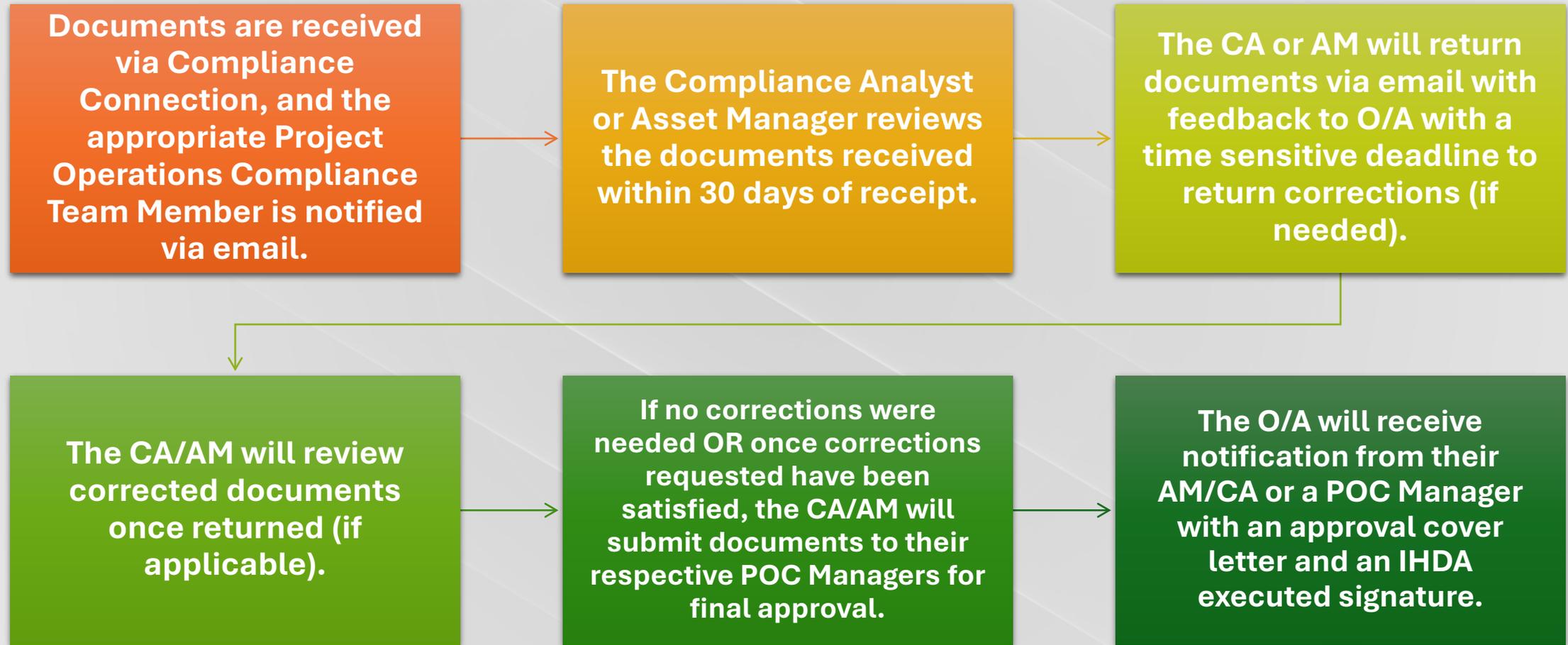
Frequently Used Abbreviations

1. AFHMP, AMP -> Affirmative Fair Housing Marketing Plan
2. CA -> Compliance Analyst
3. AM -> Asset Manager
4. POC -> Project Operations Compliance
5. O/A -> Owner/Agent
6. COC -> Consolidated Certificate of Compliance
7. TSP -> Tenant Selection Plan
8. UA Request -> Utility Allowance Request





IHDA Internal Processes: Compliance Documents



Overview of Compliance Documents

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





Affirmative Fair Housing Marketing Plan Common Errors

AFFIRMATIVE FAIR HOUSING MARKETING PLAN

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

[Redacted]
IHDA Property Identification Number (PID)
[Redacted]
Development Name

I. INTRODUCTION

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

II. OWNER AND DEVELOPMENT

A. OWNER

Organization Name: [Redacted]
Contact Person: [Redacted]
Address: [Redacted]
City/State/Zip: [Redacted]
Telephone #: [Redacted]
E-mail Address: [Redacted]



AFHMP: Common Errors

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

JotForm will not
let you proceed if you
enter a past date!

A screenshot of a JotForm form interface. At the top, a progress bar shows '20% Completed' on the left and 's Completed 17 / 84' on the right. The form contains several fields: 'Date of Initial Occupancy *' with a placeholder 'MM-DD-YYYY' and a calendar icon; 'Advertising Start Date *' with a placeholder 'MM-DD-YYYY' and a calendar icon; and 'Units *' with the value '99'. At the bottom, there are three buttons: 'Back', 'Save', and 'Next'. A yellow highlight is placed over the 'Advertising Start Date *' label, and a red arrow points from this label to the 'Approximate Starting date of General Advertising' text box on the left. A white callout box with a black border is positioned above the form, containing the text 'JotForm will not let you proceed if you enter a past date!'.



AFHMP: Common Errors

You can enter the data obtained from the Census Tract here by dividing the demographic population by the total population in the Census Tract.
Example: Hispanic Population: 657; Total Population: 2597
 (657/2597 = 25.3%)

MSA-State-County-Tract: 16984-17-031-0304.00

Census Income Population Housing

Tract Population	2597
Tract Minority %	47.40
Number of Families	546
Number of Households	1219
Non-Hispanic White Population	1366
Tract Minority Population	1231
American Indian Population	4
Asian/Hawaiian/Pacific Islander Population	223
Black Population	219
Hispanic Population	657
Other/Two or More Races Population	128

Please enter the property's Census Tract below. Click [here](#) to look up the property's Census Tract using its physical address.

Census Tract *

This field is required.

You can find your development's Census Tract data and code at this link: [FRB Census Geocoder](#)

Please enter the demographics characteristics of the property's census tract. All answers should be expressed as a percentage. Part B *

	Census Tract
American Indian or Asian Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian or Pacific Islander	
White	
Persons with Disabilities	
Families with Children	
Other	

Every row is required.



Entity Responsible for Marketing

Who is responsible for marketing the property? *

Please Select

Organization Name * Contact Person *

Ex: ABC Rentals, Inc. Primary contact's name

Phone Number * Email *

Please enter a valid phone number. example@example.com

Mailing Address * City *

State * Zip *

Please Select

Back Save Next

Will anyone else, not already described in prior sections, be involved in marketing the property? *

Please Select

This field is required.

Name Title

Marketing Responsibilities

0/50

Back Save Next

Ensure that staff members listed here are the same staff members whose certificates you have attached.
Note: Fair Housing certificates must be dated within the last *two* years.

AFHMP: Common Errors



AFHMP: Common Errors

This section should describe how staff responsible for marketing will be trained on the AFHMP. Some examples of things to include are how staff are made aware of the plan and any updates or changes.

48% Completed Fields Completed 39 / 81

Please describe how staff are trained on the provisions of the Affirmative Fair Housing Marketing Plan. *

0/500

Back Save Next



50% Completed Fields Completed 41 / 81

Please enter the demographic characteristics of residents at the property. All answers should be expressed as a percentage. Part A *

Development Data	
American Indian or Alaskan Native	
Asian	
Black or African American	
Hispanic or Latino	
Native Hawaiian or Pacific Islander	
White	
Persons with Disabilities	
Families with Children	
Other	

Back Save Next

51% Completed Fields Completed 42 / 81

Does the property collect demographic information from applicants on a waitlist? *

Please Select

This field is required.

Back Save Next

AFHMP: Common Errors

Demographic information of the development's tenants must be filled out here.

Yes or No must be selected here but it is not required to collect demographic data for applicants. If you answer Yes, you will need to input the demographic information



AFHMP: Common Errors

In this section, you need to identify the market area and the expanded housing market area.

The market area is a smaller area that is close to the development whereas, in contrast, the expanded housing market is a larger geographical area.

Housing Market Areas

The housing market area and expanded marketing area define where the property intends to focus its marketing activities. For example, the housing marketing area may be a neighborhood or city, while the expanded housing marketing area could be a county or MSA.

Please identify the Housing market area *

0/500

Please identify the expanded marketing area *

0/500

An example of this would be a development in Elgin, IL. The market area would be the city of Elgin, and the expanded marketing area would be Kane County



AFHMP: Common Errors

DP05 - Demographic Information

S1810 - [Persons with Disabilities](#)

S1101 - [Families with Children](#)

Please save copies (ideally as a PDF) of the webpages you are citing as part of this plan. You will be required to include this information when submitting the plan.

Please enter the demographics characteristics of the property's marketing area and expanded marketing area. All answers should be expressed as a percentage. Part B *

	Housing Market Area	Expanded Housing Market Area
American Indian or Asian Native	1.4	1.2
Asian	7.8	8.4
Black or African American	26.3	21.5
Hispanic or Latino	30.2	27.3
Native Hawaiian or Pacific Islander	0	0
White	35.6	43.2
Persons with Disabilities		
Families with Children		
Other		

Every cell is required.

[Back](#) There are errors on this page. Please fix them before continuing. [Save](#) [Next](#)

Demographic information can be found by clicking this link. You will be able to access demographic data to complete the chart below



AFHMP: Common Errors

Based on the demographic data you obtain from the previous chart; you will need to select *three* populations that are least likely to apply

60% Completed Fields Completed 48 / 80

Based on the completed table above, please indicate the populations/groups least likely to apply for housing without special outreach efforts. (Check all that apply - minimum of three selections). *

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hispanic or Latino
- Native Hawaiian or Pacific Islander Type
- White
- Persons with Disabilities
- Families with Children
- Other

AFHMP: Common Errors



Community Contacts

Does the property perform any outreach activities to supplement marketing efforts?
*

Please Select

Organization Name #1

City

State

Zip

Audience

Frequency

Ex: Asian, Hispanic

Ex: annually

If you select Yes, you will need to complete the information below about the organization(s) your development does annual outreach with. You will also need to attach the applicable outreach letters for each organization listed.



AFHMP: Common Errors

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

88% Completed Fields Completed 55 / 62

Explain the evaluation process you will use to determine whether your marketing activities have been successful in attracting the group(s) least likely to apply. *

Refer to FAQs for examples of how to answer this question. 0/500

How often will the effectiveness of marketing efforts be reviewed? *

Ex: Annually

If it is determined that the targeted groups (those least likely to apply) are not being effectively reached, what actions will be taken to address this? *

0/500

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

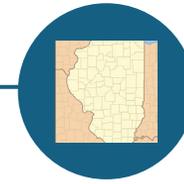
AFHMP: Back-Up Documentation



SIGNATURE PAGE



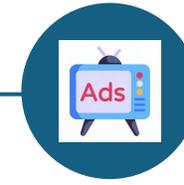
CENSUS TRACT DATA



ILHOUSINGSEARCH.ORG WEBSITE REGISTRATION



PICTURES OF PROJECT SIGNAGE



ALL ADVERTISEMENTS



FAIR HOUSING CERTIFICATES



ANNUAL OUTREACH LETTERS TO COMMUNITY ORGANIZATIONS

You will be able to upload all applicable documents here, on the last page before submitting.

Based on your answers to the previous questions, specific attachments are required to approve your plan. Please review this table and include the requested attachments. (Note: Fair Housing training certificates, census data, a map of the Census Tract, and the IL Housing Search listing are required of all properties, regardless of their marketing activities.)

	Is it required?
Fair Housing Training Certificates (Received within the past two years)	YES
Map of Census Tract	YES
IL Housing Search Listing	YES
Demographic data for census tract, marketing area, and expanded marketing area (Please show us the data you used)	YES
Copies of Outreach Letters	NO
Copies of Flyers or Brochures	NO
Photos of Property Signage, Rental Office, or Model Unit (All photos should clearly show the Fair Housing logo)	YES
Copies of Commercial Media	YES
Signature Page	YES

Please include the attachments listed in the table above. *



Browse Files
Drag and drop files here



Management Agreement Extension Most Common Errors



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.838.3200

EXTENSION AND AMENDMENT OF MANAGEMENT AGREEMENT

Development Name: _____
Project ID (PID): _____

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

RECITALS

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

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

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

Financing the creation and preservation of affordable housing

IHDA Extension and Amendment of Management Agreement (Revised 6/5/2023)

[Management-Agreement-Extension-Rev.-6-2023.pdf](#)



Management Agreement Extension: Common Errors

Ensure that this line states the development's name and NOT the owner entity name. **Example:** If development name is ABCD Apartments and the owner entity is ABCD Apartments, LP, make sure you DO NOT include the "LP" on this line.

EXTENSION AND AMENDMENT OF MANAGEMENT AGREEMENT

Development Name: _____

Project ID (PID): _____

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

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

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



Management Agreement Extension: Common Errors

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

RECITALS

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

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

The date in the "Recitals" paragraph must match the date of the original Management Agreement

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



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

Management Agreement Extension: Common Errors

Note: The FEIN can be found on the 8609 if development has LIHTC or other business tax documents!

OWNER:

By: _____
Print Name: _____
Title: _____
Date: _____
FEIN # _____

PROPERTY MANAGER:

By: _____
Print Name: _____
Title: _____
Date: _____
FEIN # _____

Double check the Federal Employee Identification Number (FEIN) for both the owner and the agent before submitting!

Submitting updated Fidelity Bonds with a Management Agreement Extension is required!



111 E. Wacker Drive
 Suite 1000
 Chicago, IL 60601
 312.836.5200

CONSOLIDATED CERTIFICATE OF COMPLIANCE

Development Name:

Project ID (PID):

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

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

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

PROGRAM	AMI									
	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
1002										
ADMIN										
AMBAC										
BIBP										
CAHGP										
CDBG										
CDT										
CREDIT ADVANTAGE										
FAF										
FFB										
HJIP										
HTF										
IAHTC										
LIHTC										
LTOS										
ML										
MPP (Preservation)										
NHTF										
NSP										
RS										
SECTION 811 PRA										
SRN										
SRO										
TCAP										
TEB										
TFB										
TF formerly HOME										

Financing the creation and preservation of affordable housing

IHDA Consolidated Certificate of Compliance
 (Revised 6/26/2023)

Consolidated Certificate of Compliance Most Common Errors

CONSOLIDATED CERTIFICATE OF COMPLIANCE





Consolidated Certificate of Compliance: Common Errors

CONSOLIDATED CERTIFICATE OF COMPLIANCE

Ensure development name is typed here- not owner entity!

Development Name *

This field is required.

Project ID (PID) *

This field is required.

Compliance Year *

Enter the previous year here. **Example:** If you are submitting your Consolidated Certificate of Compliance in 2026, the compliance year you will enter will be 2025.

SECTION A: INCOME & RENT LIMITATIONS

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

Please populate the table below to reflect an accurate breakdown of the development's unit AMI allocations by applicable program as the end of the applicable compliance year.

Program Type *

- Check if property is funded with 1602, ADMIN, AMBAC, BIBP, CAHGP, CDBG, CDT, Credit Advantage, FAF, FFB, HJIIP, HTF, and/or IAHTC
- Check if property is funded with LIHTC, ML, MPP, NHTF, NSP, Risk Share, Section 811 PRA, SRN, SRO, TCAP, TEB, TFB, and/or Trust Fund that was formerly HOME

This field is required.

Select the applicable funding source(s). You may need to select both depending on the funding at your development.



Consolidated Certificate of Compliance: Common Errors

Conduit Bond (CDT) Regulatory Agreement: 60 units @ or below 60% AMI

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

Project Unit Count:

60/60 (Number of Low Income Units/Total Number of Units in the Project)

Minimum Low Income Set-Aside Election:

At least 40% of the units in the Project must be occupied by Tenants at or below 60% of Area Median Gross Income and Rent-Restricted in accordance with such income level.

Minimum Applicable Fraction for Project:

At least 100%

Double Check EUA for deeper restrictions!

Low Income Housing Tax Credit (LIHTC) Extended Use Agreement: 60 program units/60 total units in project @ or below 60% AMI

Consolidated Certificate of Compliance: Common Errors



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

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

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

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

HOME Regulatory Agreement: 16 HOME units designated as Low HOME units (@ or below 50% AMI)

Credit Advantage (CrAd) Regulatory Agreement: 24 units @ or below 60% AMI



Consolidated Certificate of Compliance: Common Errors

Program AMI A *

	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
1602										
ADMIN										
AMBAC										
BIBP										
CAHGP										
CDBG										
CDT				60						
Credit Advantage				24						
FAF										
FFB										
HJIIP										
HTF										
IAHTC										

Input the unit set
asides as outlined in
your Extended Use
Agreement and/or your
Regulatory
Agreement(s)

If your HOME
affordability period
has ended, place
those units here

Program AMI B *

	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
LIHTC				60						
ML										
MPP (Preservation 1.0)										
NHTF										
NSP										
Risk Share										
Section 811 PRA										
SRN										
SRO										
TCAP										
TEB										
TFB										
Trust Fund formerly HOME										

Consolidated Certificate of Compliance: Common Errors

SECTION C: INCOME & RENT LIMITATIONS

IHDA HOME & HOME-ARP FUNDED PROPERTIES ONLY

*** If the period of affordability has expired and the regulatory agreement either 1) already contains provisions for how the agreement will change upon expiration of the period of affordability or 2) has been amended to follow the Trust Fund AMI requirements, do not complete this section. Instead, complete the "Trust Fund formerly HOME" line in the chart in Section A. ***

HOME Funding

- Select if the project is not funded with IHDA HOME.
- Select if the project is funded with IHDA HOME. Proceed to complete the HOME section below (C1) and complete the TST-2 and submit via ShareFile.
- Select if the project is funded with IHDA HOME-ARP. Proceed to complete the HOME-ARP section below (C2).

HOME-ARP

- HOME-ARP Permanent Supportive Housing (PSH). Complete the TST-2 and submit via ShareFile.
- HOME-ARP Non-Congregate Shelter

Select the applicable option to your development

If you have HOME units, enter the applicable unit distributions per your development's HOME Regulatory Agreement. Note: If you have only Low or High HOME, you must enter "0" in the box of the set aside that is not applicable to your development.

C1. HOME

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

Please populate the table below to reflect an accurate breakdown of the development's unit allocations as of the end of the applicable compliance year.

HOME Units

	Number of Units
Total HOME Units	16
Low HOME	16
High HOME	0



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

RENT AND UTILITY ALLOWANCE REQUEST NON-SECTION 8 PROGRAM

Development Name:

Project ID (PID):

Rent Effective Date:

Bedroom Size	AMI%	Current Rent Amount	New Rent Amount

Utility Allowance Effective Date:

Attach the Utility Allowance Backup

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

Rent Schedule/ Utility Allowance Request Most Common Errors

RENT & UTILITY ALLOWANCE REQUEST



Utility Allowance Requests: Common Errors

Table 1: Utility allowance analysis options

Option 1	Option 2	Option 3	Option 4
<p>HUD Multifamily Housing Utility Analysis</p> <p>Must have 12 months of consecutive utility usage per unit.</p> <p>Refer to Table 2 for the minimum number of samples required per unit size.</p> <p>Once the baseline has been established, the property may use the factor-based calculation for 2 years. Annual Utility Allowance Factors are published here: https://www.huduser.gov/portal/datasets/muaf.html</p> <p>Refer to HUD Notice H 2015-04 for more details.</p> <p>Complete the IHDA Utility Allowance Summary and submit along with back up documentation.</p>	<p>HUD Utility Schedule Model (HUSM)</p> <p>Find instructions and the model here: https://www.huduser.gov/portal/resources/utilallowance.html</p>	<p>PHA Utility Allowance</p> <p>Circle the appropriate amounts per bedroom size and total them.</p> <p>If the PHA schedule includes utility surcharges or Gas Fixed Charge, clarify if tenant is paying surcharge and include in total, if applicable.</p>	<p>Other programs option</p> <p>Must have 12 months of consecutive utility usage per unit.</p> <p>The sample size is 10% of the units per bedroom size or a minimum of eight units per bedroom size, whichever is greater.</p> <p>a) All numbers must be legible with a total.</p> <p>b) If using gas and electric, they must be for the same unit and the same period.</p> <p>Complete the IHDA Utility Allowance Summary and submit along with back up documentation.</p>

JotForm will not allow you to submit your Rent/UA request without attaching the verification back-up

If using a PHA Schedule, ensure that you circle or highlight the applicable utility charges before you submit!

IHDA Utility Allowance Summary Sheet can be found on IHDA’s website for both Factor Based and Consumption models: [Property Owners, Managers, & Other Partners – IHDA](#) under “Utility Allowance Summary.”



Utility Allowance Requests: Common Errors

Utility Allowance Schedule
See Public Reporting and Instructions on back.

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

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

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

Locality/PHA		Unit Type					Date (mm/dd/yyyy)
Utility or Service	Fuel Type	0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	Natural Gas						
	Bottled Gas						
	Electric						
	Electric – Heat Pump						
	Fuel Oil						
Other							
Cooking	Natural Gas						
	Bottled Gas						
	Electric						
	Other						
Other Electric							
Air Conditioning							
Water Heating	Natural Gas						
	Bottled Gas						
	Electric						
	Electric – Heat Pump						
Fuel Oil							
Water							
Sewer							
Trash Collection							
Other – specify							
Range/Microwave							
Refrigerator							

Utility Allowance effective date must be within 60 days of the effective date of the verification back up used, but developments have 90 days to implement.

RENT AND UTILITY ALLOWANCE REQUEST NON-SECTION 8 PROGRAM

Development Name: _____
 Project ID (PID): _____
 Rent Effective Date: _____

Bedroom Size	AMI%	Current Rent Amount	New Rent Amount

Utility Allowance Effective Date: _____
 Attach the Utility Allowance Backup

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



111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

Tenant Selection Plan Most Common Errors

[Tenant-Selection-Plan-Other-Programs-Rev.-11.27.2024.pdf](#)

TENANT SELECTION PLAN

(For Other Non-Section 8 Program Developments)

DEVELOPMENT NAME

IHDA PROJECT IDENTIFICATION NUMBER (PID)

DEVELOPMENT ADDRESS, CITY, STATE AND ZIP CODE



Tenant Selection Plan: Common Errors

This page should be filled out in accordance with your Extended Use Agreement and/or Regulatory Agreement(s).

C. Unit Distribution

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

1. Development

The Development will offer a total of rental units.

This includes does not include a management unit.

(Check the one that applies)

The income limitations of these units are as follows:

Market rate (no income restriction) units

Units at % Median Income

Total Number of Management Units

2. Development (Unit Breakdown per Written Agreement)

Per Regulatory Agreement

Program:

Market rate units

Units at % Median Income

Management Units

Per Extended Use Agreement:

Market rate units

Units at % Median Income

Management Units

Each program should have their own section and continues to the next page to accommodate developments that have multiple funding sources

Tenant Selection Plan: Common Errors

3. Optional Preferences

In addition to the preferences mandated by the State of Illinois and the Existing Tenant Preferences listed above, the Development may establish the following preferences. The preferences below are subordinate to State Mandated Preferences and Existing Tenant Preferences.

(Check all that apply and rank in the order of highest preferences (1) to lowest preference):

a. Pre-Approved Preferences

- i. Preference for Working Families Order #
- ii. Preference for Persons with Disabilities including SRN or 811 Order #
- iii. Preference for Victims of Domestic Violence Order #
- iv. Preference for an elderly, displaced, homeless, or disabled single person over other single persons Order #

b. Residency Preferences (Requires HUD and/or IHDA approval) Order

c. Local Preference – Public Housing Agency governing the jurisdiction in which a property is located (Requires HUD and/or IHDA approval) Order

d. Veterans Preference Order

e. Existing Tenant Transfers (other) – A Deeper Rent Subsidy Order

Exhibits and Addendums located on pages 36-57 must be completed on the Agent's letterhead!

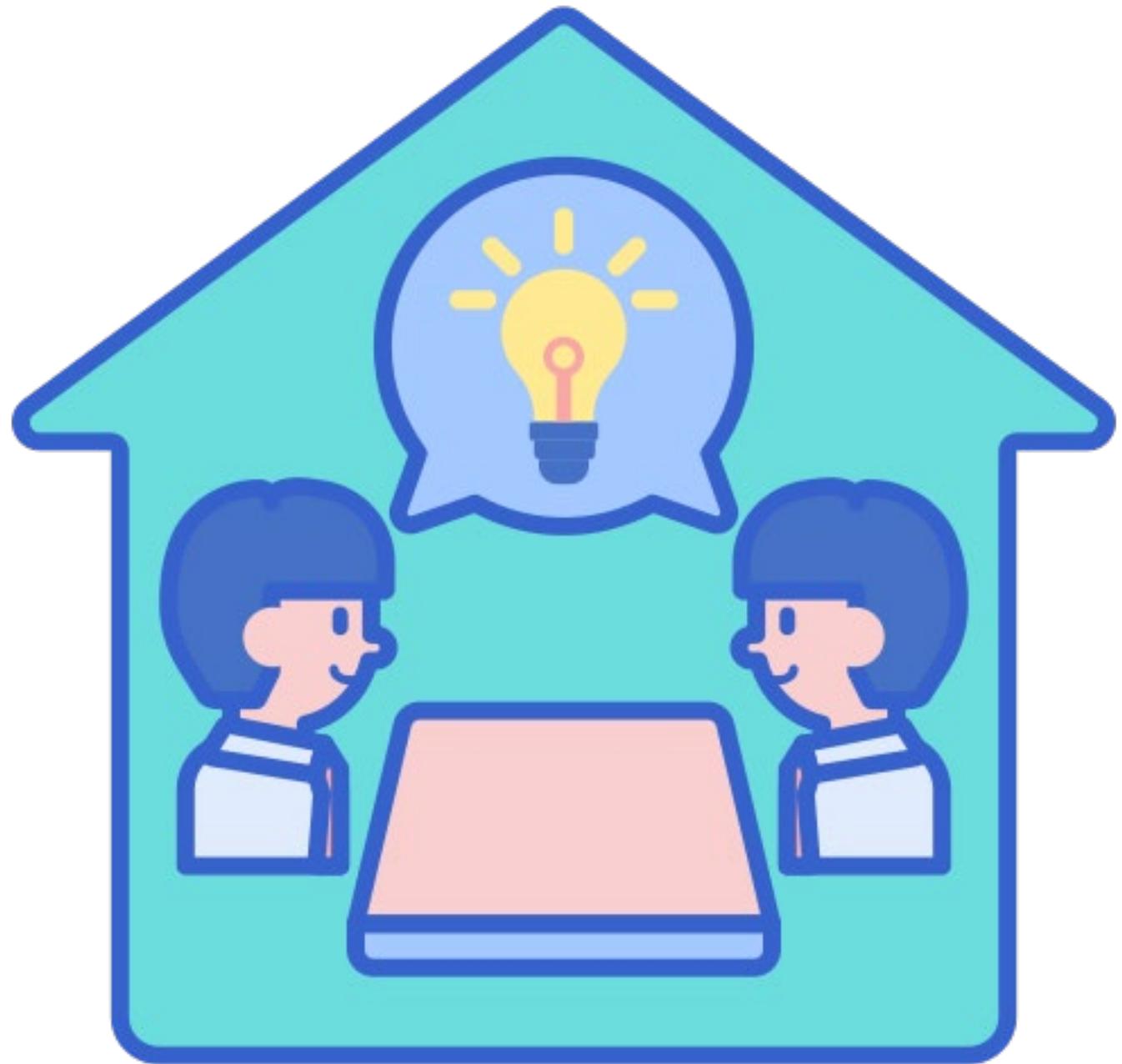
If you have multiple AMI set-asides at your development, Optional Preference 3E must be selected

14
Tenant Selection Plan
(Revised 11/2024)

Group Break-Out Session

INSTRUCTIONS

1. Work within your table as a group.
2. Complete the Consolidated Certificate of Compliance based on the Extended Use Agreement/Regulatory Agreements on the next slide.



Consolidated
Certificate of
Compliance
Access



Group Break-Out Session



For the next 10 minutes, complete the Consolidated Certificate of Compliance based on the information from the Extended Use Agreement/Regulatory Agreements below:

3. **Representations, Warranties, Covenants and Agreements.** The Borrower further represents, warrants, covenants and agrees that:

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

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

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

Project Unit Count: **105/117** (Number of Low Income Units/ Total Number of Units in the Project)

Minimum Low Income Set-Aside Election: **At least 40% of the units in the Project must be occupied by Tenants at or below 60% of Area Median Gross Income and Rent-Restricted in accordance with such income level.**

There are 117 units at this development

1. **HOME Regulatory Agreement: (6) units @ 30% AMI, (18) units @ 40% AMI, (46) units @ 50% AMI; (10) units @ 60% AMI**
2. **Credit Advantage (CrAd) Regulatory Agreement: (26) units @ 60% AMI**
3. **Conduit Bond (CDT) Regulatory Agreement: at least 40% of the units should be occupied by Tenants whose family income is 60% AMI or less.**

APPENDIX A

ADDITIONAL USE RESTRICTIONS

(Check each item which applies.)

1. **Additional Occupancy and Rent Restrictions/Lowest Income Tenant Election**

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

- HOME - Funded Project**

Forty percent (40%) of the Units in the Project must be Rent Restricted and occupied by Qualifying Tenants at or below fifty percent (50%) of the Area Median Gross Income. Additional Occupancy and Rent Restrictions as referenced above

Deeper Restrictions:

At least 20% of the units must be Rent Restricted at 40% AMI and at least 5% of the units must be further Rent Restricted at 30% AMI. 40% of the units in the project must be Rent Restricted at 50% AMI; any additional occupancy and rent restrictions as referenced above may count towards meeting this requirement

Extended Use Agreement: 105 project units/117 total units in project Minimum Set Aside: 40% of units @ 60% AMI

Group Break-Out Session Review

PROGRAM	AMI									
	120%	80%	70%	60%	50%	40%	30%	20%	15%	10%
1602										
ADMIN										
AMBAC										
BIBP										
CAHGP										
CDBG										
CDT				47						
CREDIT ADVANTAGE				26						
FAF										
FFB										
HJIIP										
HTF										
IAHTC										
LIHTC				58	23	18	6			
LTOS										
ML										
MPP (Preservation)										
NHTF										
NSP										
RS										
SECTION 811 PRA										
SRN										
SRO										
TCAP										
TEB										
TFB										
TF formerly HOME										

1. CDT: $117 \text{ units} \times 40\% = 46.8 = 47 \text{ units @ } 60\% \text{ AMI}$ (round up)
2. LIHTC: Calculate deeper restrictions first:
 $117 \times 20\% = 23.4 = 24 \text{ units @ } 40\% \text{ AMI}$
 $117 \times 5\% = 5.85 = 6 \text{ units @ } 30\% \text{ AMI}$
 $117 \times 40\% = 46.8 = 47 \text{ units @ } 50\% \text{ AMI}$
 *Because of the language in the deeper restrictions, you will subtract 24 from 47 (47-24) and the result is 23 units. Additionally, you will subtract the (6) 30% units from the (24) 40% units, giving you 18 units @ 40% AMI
 $105 - 47 = 58 \text{ units @ } 60\% \text{ AMI}$

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

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

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

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

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



Questions?



Contact Information

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MANAGER

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We Appreciate Your Feedback!

Behind the Scenes -
Understanding the Teams That
Process Your Work

