



**Request for Applications (RFA)  
Housing Stability Services (HSS) for the Homeowner Assistance Fund (HAF)**

Applicants for this RFA are **NOT Grantees** under the Illinois Rental Payment Program (ILRPP)

Responses Due September 17, 2021, 3:00pm CST

Submit completed application to [HAFinfo@ihda.org](mailto:HAFinfo@ihda.org)

Please contact [HAFinfo@ihda.org](mailto:HAFinfo@ihda.org) with any questions



## Request for Applications (RFA) Housing Stability Services (HSS) for the Homeowner Assistance Fund (HAF)

### HOMEOWNER ASSISTANCE FUND FOR ILLINOIS HOMEOWNERS

The Illinois Housing Development Authority (IHDA) developed the Illinois Homeowner Assistance Fund (HAF) to provide mortgage relief to Illinois homeowners unable to pay their mortgage due to financial hardships directly or indirectly resulting from the pandemic. Qualifying homeowners are eligible for a grant of up to \$30,000 in mortgage assistance for their primary residence. The Program will launch in November 2021.

### FUNDING SOURCE FOR THE HAF GRANTS AND HSS GRANTS

The program was established under Section 3206 of the American Rescue Plan Act of 2021 (“the ARPA”) to mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to mortgages and housing.

According to the ARP, the HAF was established to mitigate financial hardships associated with the coronavirus pandemic by providing funds to eligible entities for the purpose of preventing homeowner mortgage delinquencies, defaults, foreclosures, loss of utilities or home energy services, and displacements of homeowners experiencing financial hardship after January 21, 2020, through qualified expenses related to mortgages and housing.

Financial hardship means a material reduction in income or material increase in living expenses associated with the coronavirus pandemic that has created or increased a risk of mortgage delinquency, mortgage default, foreclosure, loss of utilities or home energy services, or displacement for a homeowner. Arrearages of qualified expenses are eligible for purposes of HAF regardless of the date they were incurred, including if they arose before January 2020

### HAF BASICS

- Program will launch in November 2021
- Statewide program, with targeted outreach in vulnerable areas
- Online application in English and Spanish
- Application will primarily be composed of self-attestations by the homeowner
- Mortgage assistance will be provided directly to the servicer/lender.
- The assistance will be in the form of a grant.
- Approved homeowners will receive a grant of up to \$30,000 to cover the following:
  - Mortgage reinstatement;
  - Housing-costs related to a period of forbearance;
  - Mortgage payment assistance (up to three months of prospective mortgage payments);
  - Down payment assistance loans provided by nonprofit or government entities;
  - Homeowner’s association fees or liens, condominium association fees, co-op fees, or common charges; and
  - Utilities are not covered under this program.

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- Eligible mortgage types include:
  - First Mortgages
  - Second Mortgages
  - Reverse Mortgages
  - Loans Secured by Manufactured Housing (secured by real estate or a dwelling)
  - Exclusion: Contracts for Deed will not be eligible under HAF. IHDA views this arrangement as a rental obligation and assists persons with contracts for deeds under its emergency rental assistance program.
- Homeowner eligibility:
  - Homeowner must currently own and occupy the property as their primary residence.
  - Homeowner must be in arrears on their mortgage.
  - Homeowner must attest that their household income is equal to or less than 150% of the area median income, adjusted for family size
  - Homeowner must attest that they have experienced a financial hardship after January 21, 2020.
  - The original, unpaid principal balance of the homeowner’s first mortgage or housing loan, at the time of origination, was not greater than the [conforming loan limit as defined by FHFA](#) in effect at time of origination.

#### **REQUEST FOR APPLICATIONS (RFA):**

IHDA is seeking applications from HUD-approved housing counseling agencies and non-profit community agencies to assist with Marketing and Outreach and/or Education and Intake services.

- Organizations responding to this RFA must not be a current grantee for HSS under the Illinois Rental Payment Program (ILRPP)
- There are two levels of response to this RFA:
  1. **MARKETING and OUTREACH:** Performing outreach services and disseminating information about the Program throughout the applicant’s coverage area.
    - a. Maximum grant award is \$25,000.
  2. **EDUCATION and INTAKE** (*Must be a HUD-Approved Agency*):
    - a. Conducting regularly scheduled weekly webinars for program applicants on next steps after application is submitted; what will occur if they are approved; what will occur if they are not eligible; an overview of loss mitigation; an overview of the foreclosure process; and connection to pro bono legal and mediation resources.
    - b. Assisting homeowners that may need help with the Program application virtually, over the phone, or in-person; and
    - c. Following up with clients post application should they need case management or referral services
    - d. Maximum grant award is \$100,000.
  3. **EQUIPMENT:** All organizations are also eligible to apply for a maximum grant up to \$15,000 for bolstering the organization’s mobile and technology network in order to perform the services, i.e. the purchase of computer workstations, laptops, tablets, headsets

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### HAF HSS GRANT APPLICATION

When submitting your response to this RFA, please include answers in the space provided below. Only applications in PDF format, not the scanned PDF format, will be accepted. Please ensure that all questions are answered fully before the you submit your response to this RFP.

Please indicate below the amount of grant funds that you are applying for in connection with assisting IHDA in the operation of the HAF. Total grant amount requested cannot exceed \$140,000.

Marketing and Outreach Grant Amount:	\$
Education and Intake Grant Amount:	\$
Equipment Grant Amount:	\$
Grant Amount Requested:	\$

### APPLICANT'S FINANCIAL AUDIT REPORT

Applicants must provide a copy of their most recent independent financial audit. If a management letter was issued in connection with the most recent independent financial audit, a copy of the management letter and any required management response/corrective action plan must also be submitted with your response to the RFP. The Management Response and/or Corrective Action Plan MUST be signed by Executive Director, Chief Executive Officer, or chief executive of the applicant. IHDA reserves the right to use lack of corrective action or lack of response to findings to in assessing an applicant's eligibility for funding.

Please note that the Treasury funding supporting the HAF HSS grant has a CFDA# 21.027.

### REPORTING

To ensure that IHDA can fulfill its reporting requirements, HAF HSS Sub-grantees (HSS Intake Only) will be required to provide detailed reports to IHDA, as will be outlined in the grant agreement. Appropriate back up documentation to support the funds reimbursed and the addresses of all mortgage units assisted will be needed in periodic reports.

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**[Application Contact Link](#)**

**HAF HSS APPLICATION**

**Agency Name**

**Main Office Street Address, Line 1**

**Street Address, Line 2**

**City**

**State**

**Zip Code**

**Website**

**Primary Contact Name**

**Title**

**Telephone Number**

**E-mail Address**

**Secondary Contact Name**

**Title**

**Telephone Number**

**E-mail Address**

**How many staff do you anticipate dedicating to provide HSS for the HAF?**

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1. Geographies to be covered by this grant – list the county/counties you intend to service if awarded grant funds. Also, please provide each zip code that you intend to service. Please also specifically name any particular target areas, neighborhoods or community areas you anticipate serving, if applicable. Indicate if you would be able to serve other counties on a virtual basis or via telephone. These counties to be determined at a later date.

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**2. Describe the demographic makeup of the clients that the Applicant serves.**

**3. Describe all the services that the Applicant currently offers.**

**4. How many clients did the Applicant serve across all programs for calendar year 2020? \_\_\_\_\_**

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5. Describe the Applicant's previous experience with COVID-19 related mortgage assistance programs, including an estimate of how many clients were assisted, broken down by ERA/EMA and ILRPP program type (or other Coronavirus Relief Fund programs). This includes those clients reported in the ERA/EMA and ILRPP application portal (code entry) and those that were not officially reported but were assisted through your agency.

6. If awarded grant funds, please indicate how many clients you anticipate being able to reach in conducting HAF HSS Outreach? \_\_\_\_\_
7. If awarded grant funds, please indicate how many clients to anticipate being able to serve in conducting HAF HSS Intake? \_\_\_\_\_



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**8. If outreach only, respond N/A. Describe how the Applicant will assist clients with the HAF application portal, remotely or otherwise, if the Client does not have internet access and/or is limited with technical skills.**

**9. If outreach only, respond N/A. Please mark/check all the HSS functions that the Applicant is able to perform as of the date of this application.**

- a.  Has capacity to conduct virtual/remote client intake
- b.  Has capacity to conduct telephone client intake
- c.  Has capacity to conduct in-person client intake (in a COVID-19 compliant manner)
- d.  Has a client management system in use
- e.  Has capacity to track and report on client level and aggregate data
- f.  Has capacity to print and copy documents
- g.  Has capacity to scan and e-mail documents
- h.  Has capacity to mail or overnight documents
- i.  Has capacity to serve clients, **verbally**, in the following languages (check all applicable)

English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Polish <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Tagalog <input type="checkbox"/>	Arabic <input type="checkbox"/>	Urdu <input type="checkbox"/>	Korean <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Hindi <input type="checkbox"/>	Russian <input type="checkbox"/>	German <input type="checkbox"/>	French <input type="checkbox"/>	Other _____

- j.  Has capacity to serve clients, **in writing**, in the following languages (check all applicable)

English <input type="checkbox"/>	Spanish <input type="checkbox"/>	Polish <input type="checkbox"/>	Mandarin <input type="checkbox"/>	Cantonese <input type="checkbox"/>
Tagalog <input type="checkbox"/>	Arabic <input type="checkbox"/>	Urdu <input type="checkbox"/>	Korean <input type="checkbox"/>	Gujarati <input type="checkbox"/>
Hindi <input type="checkbox"/>	Russian <input type="checkbox"/>	German <input type="checkbox"/>	French <input type="checkbox"/>	Other _____

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9b. Other than providing services in language in addition to English, if you are unable to provide one or more of the above-listed functions, please indicate why in the space below:

10. **Describe your current marketing and outreach services for your existing programs. Provide a detailed description of how you plan to conduct HSS outreach for the HAF.** Specifically, within the 57 zip codes (See Exhibit A) identified as containing the most vulnerable in the state

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11. If outreach ONLY, respond N/A. Describe your current intake process for your existing programs. Provide a detailed description of how you plan to conduct HSS intake for the HAF.

12. Prepare and attach a detailed budget for the total grant amount requested, broken down by HSS activity. If grant funds will be needed to purchase equipment in order to execute deliverables under the grant agreement, please include detailed budget for i.e. computers, laptops, tablets, and headsets. IHDA understands that the budgets submitted will be good faith estimates, but responses to this RFA should be as detailed as possible.

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13. In the space provided below, please describe your HAF HSS action plan and anything else you would like IHDA to know about your capacity in connection with your response to this RFA. In describing your HAF HSS action plan, include detail for all the below items:
- ✓ Readiness timeline
  - ✓ Strategy for managing HAF volume on top of existing work (including call volume, virtual meeting volume, and, if applicable, in-person meetings)
  - ✓ Strategy for managing intake of all potential clients
  - ✓ Strategy for assisting priority populations (specific to those unemployed and 50% AMI and under)

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### STANDARD REQUIREMENTS AND CERTIFICATIONS

Every entity selected for a HAF HSS grant will be required to comply with these certifications and requirements as well as any additional certifications or requirements covered in the ARPA, and any documents required by IHDA:

1. Applicant certifies that all statements herein are true, accurate, and complete;
2. Applicant is an eligible recipient of the Program based on requirements per the application;
3. Applicant is authorized to do business and in good standing in the State of Illinois;
4. Agency offices and services provided will be accessible to people with disabilities;
5. Applicant will not permit any discrimination based on gender, race, religion, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, or physical, mental, emotional or learning disability in connection with its participation in the Program;
6. Applicant will ensure expenditures of funding are for eligible uses under the Program;
7. Applicant will maintain records in connection with administration of the Program for five years after the date of termination of the Funding Agreement;
8. Applicant will comply with the terms and conditions of the Program and additional local, state, and federal laws, rules and regulations; including without limitation, compliance with the Illinois Grant Accountability and Transparency Act;
9. Applicant will comply with monitoring and evaluation of the Program in accordance with the Funding Agreement; and
10. Neither the applicant, nor its affiliates or related entities are delinquent in the payment of any debt to the State of Illinois (or if delinquent, has entered into a deferred payment plan to pay any debt).

On behalf of \_\_\_\_\_, I certify that the information contained herein accurately reflects my organization's commitment and ability to participate fully in the Program.

**Name**

**Title**

**Date**

**Signature of Authorized Official**

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**Exhibit A – Targeted Population Zip Code**

DIA ZIP Code	DIA City	Check All that Apply
60085	Waukegan, Park City	
60090	Wheeling	
60099	Zion, Beach Park	
60101	Addison	
60110	Carpentersville	
60120	Elgin, Hoffman Estates	
60133	Hanover Park, Bartlett	
60153	Maywood, Broadview	
60402	Berwyn, Forest View, Stickney	
60406	Blue Island	
60409	Calumet City	
60411	Chicago Heights, South Chicago Heights, Ford Heights, Lynwood, Sauk Village	
60419	Dolton	
60426	Harvey, Dixmoor, Markham, Phoenix	
60435	Joliet, Crest Hill	
60438	Lansing	
60466	Park Forest, University Park	
60473	South Holland	
60478	Country Club Hills, Tinley Park	
60505	Aurora	
60506	Aurora	
60609	Bronzeville, Armour Square, Back of the Yards, Bridgeport, Brighton Park, Englewood, Gage Park, McKinley Park, Washington Park, West Englewood	

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60612	East Garfield Park, Humboldt Park, Near West Side, Lawndale, Tri-Taylor, University Village - Little Italy, West Town, Illinois Medical District	
60616	South Loop, Bronzeville, Armour Square, Bridgeport, Pilsen, University Village - Little Italy	
60617	Avalon Park, Burnside, Calumet Heights, East Side, Jeffrey Manor, South Chicago, South Deering, South Shore	
60619	Avalon Park, Burnside, Calumet Heights, Chatham, Grand Crossing, Roseland, Longwood Manor, Park Manor, West Chatham	
60620	Gresham, Beverly, Chatham, Englewood, Wrightwood, Brainerd, Park Manor, West Chatham	
60621	Gresham, Back of the Yards, Englewood, Washington Park, Park Manor, West Chatham	
60623	Archer Heights, Brighton Park, Little Village, Lawndale	

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60624	East Garfield Park, Humboldt Park, Lawndale, West Garfield Park, West Humboldt Park	
60626	Edgewater, Rogers Park, West Rogers Park	
60628	Burnside, Calumet Heights, Morgan Park, Roseland, West Pullman, Longwood Manor, Washington Heights, Fernwood, Brainerd	
60629	Ashburn, Chicago Lawn, Clearing, Gage Park, West Elsdon, West Englewood, West Lawn, Marquette Park	
60632	Archer Heights, Back of the Yards, Brighton Park, Gage Park, Garfield Ridge, Little Village, West Elsdon, West Englewood	
60636	Gresham, Back of the Yards, Chicago Lawn, Englewood, Gage Park, West Englewood, Wrightwood, Marquette Park	
60637	Englewood, Grand Crossing, Hyde Park, South Shore, Washington Park, Woodlawn, Park Manor	



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60639	Austin, Belmont Central, Cragin, Galewood, Hermosa, Humboldt Park, Logan Square, Montclare, Belmont Gardens, West Humboldt Park	
60641	Albany Park, Avondale, Belmont Central, Cragin, Irving Park, Jefferson Park, Logan Square, Portage Park, Mayfair, Belmont Gardens	
60643	Gresham, Beverly, Morgan Park, Roseland, West Pullman, Longwood Manor, Washington Heights, Fernwood, Brainerd	
60644	Austin, Lawndale, West Garfield Park, West Humboldt Park	
60645	Rogers Park, West Rogers Park	
60649	Avalon Park, Grand Crossing, South Chicago, South Shore	
60651	Austin, East Garfield Park, Hermosa, Humboldt Park, Logan Square, West Garfield Park, West Humboldt Park	
60652	Ashburn, Gresham, Scottsdale, West Lawn, Wrightwood, Marquette Park	
60653	Bronzeville, Kenwood	



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60659	Lincoln Square, North Park, Sauganash, West Rogers Park	
60707	Chicago, Elmwood Park	
60804	Chicago, Cicero	
60827	Chicago, Calumet Park, Riverdale	
60901	Irwin, Kankakee	
61101	Rockford	
61103	Rockford, MacHesney Park	
61109	Rockford	
61604	Peoria, Bellevue, West Peoria	
61832	Danville, Tilton	
62002	Alton	
62526	Decatur	