

Welcome, and thank you for attending the HAP R3 Welcome Webinar!



The webinar will begin shortly.



The format of this webinar includes speakers, a PowerPoint presentation, and a Q&A session.



This session is being recorded, and a link will be provided to all participants.
Participants will also receive a copy of the slideshow.



Be sure to check your audio settings to ensure that you will be able to hear the presenters.



Please type questions in the Chat panel and address them **To: All Panelists**.

A screenshot of a chat panel interface. It shows a dropdown menu with 'To: All Panelists' selected and circled in red. Below the dropdown is a text input field with the placeholder text 'Enter chat message here' and a red arrow pointing to the right.

To: All Panelists
Enter chat message here



Illinois Affordable Housing Trust Fund Home Accessibility Program (HAP) Round 3

Welcome Webinar

August 26, 2021

Introduction to the Community Affairs Team

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Main Contact

TFHAP3INFO@IHDA.ORG

Agenda

- ❖ Program Summary and Terms of Assistance
- ❖ IHDA Resources
- ❖ MITAS Review
- ❖ Intake and Eligibility Process
- ❖ Construction Phase
- ❖ Disbursement Document Overview
- ❖ Reporting, Work Safe Practices, and Q&A

Program Summary and Terms of Assistance

Program Summary

- ❖ The Home Accessibility Program (HAP), funded by the Affordable Housing Trust Fund, provides funding to help income-qualified persons (elderly with a physical limitation or persons with disabilities) to remain in their homes by improving accessibility and safety.
- ❖ Eligible households will receive up to \$25,000 in assistance as a five-year forgivable loan.

Hard costs

- Replacement, repairs, health and safety items

Soft costs

- Title, recording fees, termite inspections

Project delivery

- Administrative costs associated with each project
- Limited to 15% of the hard and soft costs for work write-ups, cost estimates, inspections, and permits (when excluded from contractor's overhead costs)

Eligible Units

- ❖ Funds must be used towards rehabilitation of owner-occupied or renter-occupied single family homes.
- ❖ Households must be at or below 80% AMI
- ❖ Properties must be real property in the state of Illinois
- ❖ Ownership must be held in fee simple title
- ❖ Property must be clear of all contractor and tax liens
- ❖ Property must be held in fee simple title
- ❖ If owner-occupied, property must be sole residence of all homeowners

Ineligible Units

- ❖ No contracts for deed
- ❖ No trusts or transfer on death instruments
- ❖ No reverse mortgages
- ❖ No properties with a home equity line of credit
- ❖ No properties primarily used for business (more than 50% of floorspace is used for business)

IHDA Resources

Visit the IHDA Website

IHDA Resources

<http://www.ihda.org/my-community/revitalization-programs/>

- ❖ Appendices A-H (Containing all program forms), IHDA Architectural Standards, Acceptable Forms of Verification
- ❖ IHDA Property Standards, Program Manual, Income Calculator
- ❖ Webinars, Term Sheet, FAQ



Visit the IHDA Website

IHDA Resources



- Revitalization And Repair Programs
- Foreclosure Programs
- FAQs**
- Contact Us

Revitalization And Repair Programs



- Revitalization And Repair Programs
- Foreclosure Programs
- FAQs**
- Contact Us

FAQs

- Abandoned Property Program (APP) FAQs
- Land Bank Capacity Program (LBCP) and Technical Assistance Network (TA Network) FAQs
- Blight Reduction Program (BRP) FAQs
- Home Accessibility Program (HAP) FAQs**
- Download FAQs**

Note to reader: This is a partial list of program requirements and is meant to serve as a general guide. This FAQ may be updated from time to time. Please check back.

MITAS Review

MITAS System Administrator Assignment

Designate your MITAS Administrator (up to 3)

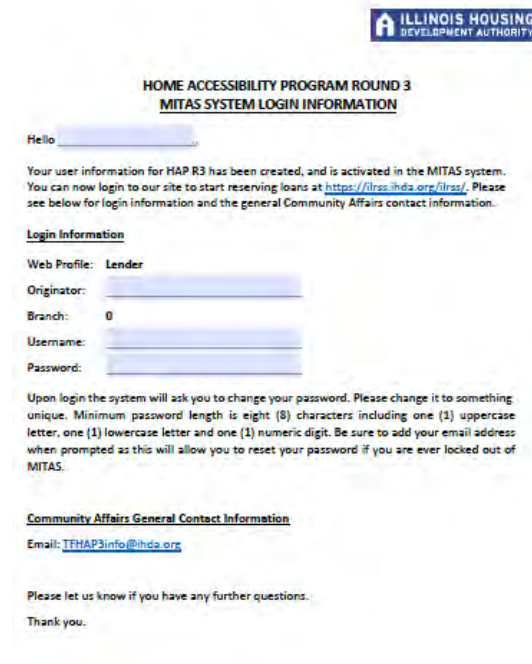
- ❖ Fill out MITAS System Administrator form and email to TFHAP3info@ihda.org to request a username and password
- ❖ The MITAS System Administrator form will be found in Appendix H

The screenshot shows a form titled "HOME ACCESSIBILITY PROGRAM (HAP) ROUND 3 MITAS SYSTEM ADMINISTRATOR REQUEST FORM" from the Illinois Housing Development Authority. The form includes a "Dear Grantee:" section with instructions on how to use the form to designate system administrators. Below the instructions are several input fields for "Grantee Name", "ST#", and two sets of administrator information (labeled #1 and #2). Each administrator set includes fields for "Name of System Administrator", "Email Address", "Telephone", "Fax #1", and "Mailing Address" (with sub-fields for Street, City, State, and Zip Code).

Username and Password Assignment

- ❖ Community Affairs will email Username and Password for your MITAS System Administrator(s)
- ❖ Add email address to reset your own password

IMPORTANT:
ALWAYS USE INTERNET EXPLORER AS YOUR BROWSER FOR MITAS



ILLINOIS HOUSING DEVELOPMENT AUTHORITY

**HOME ACCESSIBILITY PROGRAM ROUND 3
MITAS SYSTEM LOGIN INFORMATION**

Hello _____

Your user information for HAP R3 has been created, and is activated in the MITAS system. You can now login to our site to start reserving loans at <https://lhrs.ihda.org/lhrs/>. Please see below for login information and the general Community Affairs contact information.

Login Information

Web Profile: **Lender**

Originator: _____

Branch: **0**

Username: _____

Password: _____

Upon login the system will ask you to change your password. Please change it to something unique. Minimum password length is eight (8) characters including one (1) uppercase letter, one (1) lowercase letter and one (1) numeric digit. Be sure to add your email address when prompted as this will allow you to reset your password if you are ever locked out of MITAS.

Community Affairs General Contact Information

Email: THAP3info@ihda.org

Please let us know if you have any further questions.
Thank you.

MITAS Funds Reservation

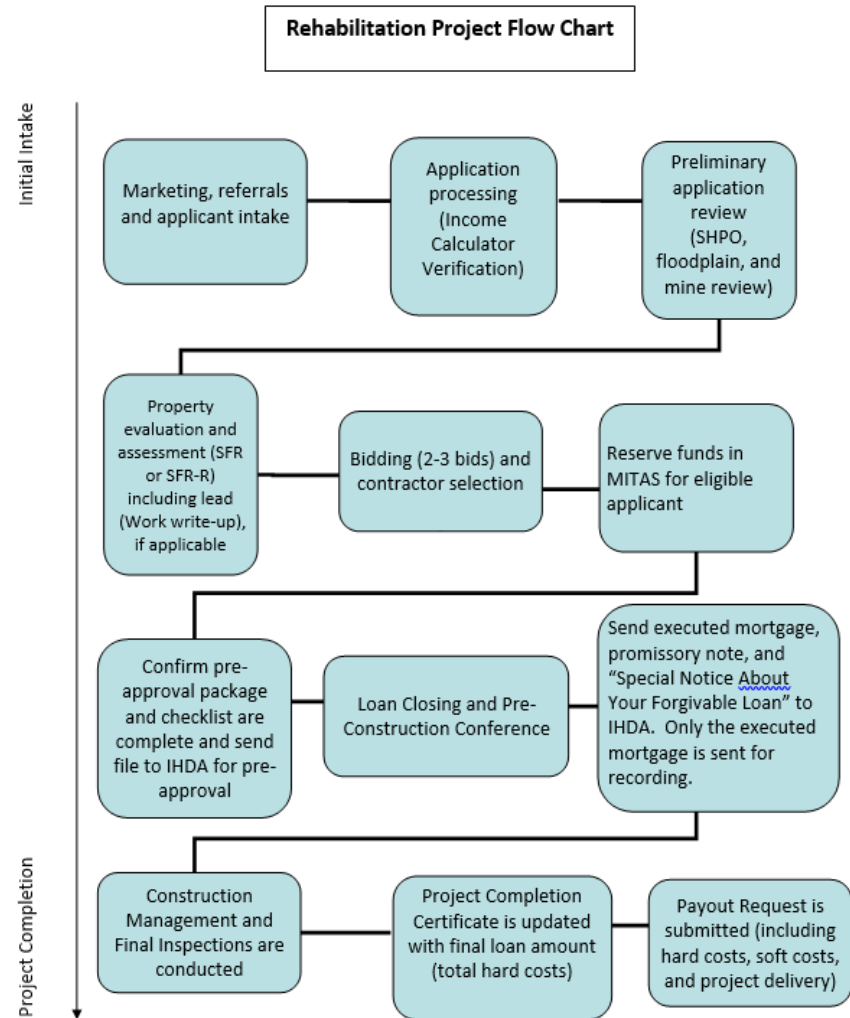
- ❖ Refer to the MITAS Reservation Manual and Document Uploading Guide
 - Login to MITAS to Reserve funds: (<https://ilrss.ihda.org/ilrss>)
 - Enter information into required fields

- ❖ You will receive a Commitment Confirmation

Note: The Commitment Confirmation is NOT a 'Pre-approval'

Intake and Eligibility Process

Rehabilitation Flow Chart



Pre-approval Checklist



MITAS Commitment #: _____

Trust Fund Home Accessibility Program (HAP)—Round 3 PRE-APPROVAL REQUEST CHECKLIST

Grantee: _____, STF #: _____

Prepared By: _____

Phone: _____ Email: _____

Owner-Occupied Tenant-Occupied

Homeowner/Landlord: _____ Tenant (if applicable): _____

Marital Status: Single (never married) Married Divorced Widowed

Property Address: _____

City: _____, IL Zip Code: _____ County: _____

Date: _____ Proposed Start Date: _____ Property Value: _____

Requested Amount: _____ (\$25,000 max)

Attached are the following documents:

- MITAS Commitment Confirmation
 - Scope of Work Narrative (on your organization's letterhead)
 - Referral Letter from IDoA or DHS funded agency, if applicable
 - Income Calculator (signed by grantee and applicant)
 - Bid Tabulation
 - Cost Estimate (lists price, materials, and specification of items to be replaced)
 - Copy of State Historic Preservation Office Approval Letter
 - FIRMeTte
 - Mine Proximity Map
 - Copy of Homeowners Insurance (listing "Illinois Housing Development Authority" as additional insured—include flood and mine subsidence insurance, if applicable)
 - Pictures of work to be completed (before rehabilitation)
 - Title Search
- Check boxes below to certify compliance of property:
- Property is Fee Simple (home is not in a trust or under a contract for deed)
 - Property is clear of all liens

IHDA will notify grantee upon acceptance of pre-approval package.

Comments:



Sample File Checklist

Appendices

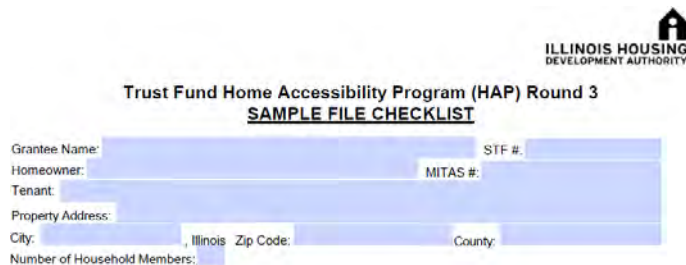
Please visit our website www.ihda.org to access webinars, FAQ, and forms. Click on the tabs “Community”, then “Revitalization and Repair Programs” to access the forms listed below:

Appendix B--Checklists

- **Sample File Checklist**
- Pre-approval Request Checklist
- Partial Payout Request Checklist
- Final Payout Request Checklist

Indicates which documents are to be sent to IHDA and which are to be kept in the applicant’s file:

- ❖ Homeowner Eligibility Documents
- ❖ Loan Settlement
- ❖ Construction
- ❖ Close-Out Documentation



ILLINOIS HOUSING
DEVELOPMENT AUTHORITY

Trust Fund Home Accessibility Program (HAP) Round 3
SAMPLE FILE CHECKLIST

Grantee Name: _____ STF #: _____
Homeowner: _____ MITAS #: _____
Tenant: _____
Property Address: _____
City: _____, Illinois Zip Code: _____ County: _____
Number of Household Members: _____

Program Start Cheat Sheet

Appendices

Please visit our website www.ihda.org to access webinars, FAQ, and forms. Click on the tabs “Community”, then “Revitalization and Repair Programs” to access the forms listed below:

Appendix B—Checklists

- Sample File Checklist
- Pre-approval Request Checklist
- Partial Payout Request Checklist
- Final Payout Request Checklist
- Program Start Cheat Sheet

“CHEAT SHEET” TO GET YOU STARTED ON HAP ROUND 3

- Step 1: Browse the HAP Round 3 Program Manual and FAQ found on IHDA's website under the following link: www.ihda.org/revitalization-and-repair-programs
- Use “Control F” to search for key words
 - Click on any section/topic in the Table of Contents or any of the links in the Manual to navigate to that area
 - Click on any Appendix in the Appendices and it will link you directly to the form located on IHDA's website.
- Step 2: Complete the MITAS System Administrator form to designate the person(s) who will enter project-related information and upload packages into MITAS
- We will send a username and password for each person designated as an administrator (maximum three administrators)
 - If at any time you wish to change any of your users, please submit a new form designating your three administrators.
- Step 3: When you have a qualified applicant per the completed Community Affairs Income Calculator, reserve funds in MITAS.
- Funds will remain in “reserved” status until they are utilized or cancelled
- Step 4: Evaluate and assess the property, complete the Scope of Work and Cost Estimate, take ‘before’ pictures, collect bids, obtain letter from SHPO, complete flood plain and mine review. Run a title search to ensure the applicant(s) own the home and there are no outstanding liens that will put the home at risk.
- Step 5: Gather documents for Pre-approval package and upload into MITAS.
- Step 6: Let us know when you have a Pre-approval package ready for review by emailing TFHAP3info@ihda.org
- Subject line of your email must include “Pre-approval Request” and indicate MITAS loan number and applicant's last name.
 - We will send you a Pre-approval to move forward with the pre-construction conference and begin construction; or request any additional/corrected documentation.
 - Please reply directly to the email requesting documentation.
- Step 7: Once you receive your pre-approval, the project is now “committed,” and you may conduct the Pre-construction Conference.
- Review all documentation with the homeowner and ensure the homeowner has a clear understanding of the program and the documentation involved.
 - Execute Owner Agreement, Special Notice, Promissory Note, and Mortgage
 - Homeowner receives original Executed Special Notice and a copy of all other above-mentioned documentation.
 - Executed Owner Agreement is kept in applicant's file
 - Executed Mortgage reflects the maximum subsidy amount. Send it to the recorder's office for recording.
 - Executed Promissory Note is sent to IHDA
- Step 8: Begin construction.
- Make sure homeowner is aware of all work being done, including signing any change orders for work that was not included in the original scope of work.
- Step 9: When construction is complete (or partially complete), upload your disbursement package into MITAS.
- MITAS will allow only two uploads. Since you have already uploaded your Pre-approval package, you may upload either a Partial OR a Final Disbursement package.
 - If you've previously uploaded a Partial Disbursement package, email your Final Disbursement package to TFHAP3info@ihda.org and we will upload your second disbursement package for you.
 - Subject line of your email must include “Partial Disbursement Request” or “Final Disbursement Request” and indicate MITAS loan number and applicant's last name
 - We will let you know when to expect payment or request additional information in order to process your payout request.
 - Please reply directly to the email requesting documentation.

MITAS Commitment Confirmation

Commitment Confirmation

Lender: IHDA SINGLE FAMILY LOANS
Branch: 9000 - Trust Fund
User ID: ETURNER
Loan Number: IF001265
Lender Loan Number:
Reservation Date:
Reservation Expiration Date:
Mortgagor Last Name:
Mortgagor First Name:
Social Security Number: XXX-XX-0001
Loan Amount: \$25,000.00
Loan Type Codes: TRUST FUND
Interest Rate: 0.0000
Purchase Price: \$ 00
Points: 0.0000
Assistance Amt: \$ 00
Program Type: HAP (Rnd-2) 80% AM
Sub Program: Home Accessibility Program
Allocation: Home Accessibility Program (Rnd-2): 80%
Final Purchase Date: 07/31/2021
Loan Status: Reservation

Pool Insurer:
New or existing: EXISTING
Targeted Area Status: Non-Targeted

Property Address:

Contact Information:

Phone: (000) 000-0000 Fax: (000) 000-0000
Email:

Disclaimer

This is a reservation of funds only and not a guarantee to purchase your loan. You must first submit all required documentation per the Lender Guide and the Program Agreements for review and approval. This registration is being held on your behalf under the premise that all data has been input in a correct manner. The input of incorrect information may result in this reservation being void. Please review this Registration Confirmation carefully and make appropriate changes or contact our offices for assistance.



**ILLINOIS HOUSING
DEVELOPMENT AUTHORITY**
www.ihda.org

Scope of Work Narrative

- ❖ The Scope of Work Narrative will be a summary of all work to be performed.
- ❖ Narrative must be on grantee letterhead.

Community Affairs Income Calculator

- ❖ You will need to complete the Income Calculator for each household to determine whether they meet income guidelines for the program (Below 80% AMI).
- ❖ There are four pages to the Income Calculator that must be submitted for each applicant.
 - Income Limit
 - Household Member
 - Adjustments and Deductions (this page may be blank if there are no deductions)
 - Eligibility Assessment
- ❖ The Community Affairs Calculator, Income Limits, and User Guide will be found under “Appendix C” on IHDA’s HAP page at:
<http://www.ihda.org/my-community/revitalization-programs/>

Community Affairs Income Calculator

Income Limit Page

Include:

- ❖ County
- ❖ AMI Group (30%/50%/80%)
- ❖ Number of household members
- ❖ Name
- ❖ Borrower and Co-borrower
- ❖ Age
- ❖ Disability status

Community Affairs Income Calculator



INSTRUCTIONS

Navigate through this form's tabs, completing all yellow answer boxes as applicable. Complete one tab *(HH Member #)* per income- or assistance-earning household member 18 years and older. Report all types of income and assistance earned. If you need to report income or assistance for more than 8 household members, contact IHDA's Community Affairs Department. After reporting income, complete the **Adjusted Income** tab, and review the household's income eligibility on the **Eligibility + Signatures** tab. After obtaining all necessary signatures, return this completed form and all accompanying documents to the corresponding Trust Fund Program at the Illinois Housing Development Authority.

If you have questions, please contact your Program Officer.

INCOME LIMIT INFORMATION

County:

AMI Group Limit:

Number of household members:

AMI Requirements by Program	
Habitat for Humanity	Below 80% AMI
Home Accessibility Program	Below 80% AMI
Single Family Rehab	Below 80% AMI

HOUSEHOLD INFORMATION

Total number of household members:

Borrower	Co-Borrower	Name:	Child Under 18	18-62 Years Old Student 18 or Older	62 Years of Age or Older	Disabled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	(Select)	(Select)	(Select)	(Select)

Community Affairs Income Calculator

Household Member Page(s)

Include:

- ❖ Employment
 - Including annual/hourly wage
 - Hours worked per week
- ❖ Assets
 - Property and value
 - Investments
- ❖ Other Income
 - SSI/Veterans benefits/Pension/etc.

Household Member 1 Annual Income: \$ -

EMPLOYMENT WAGES Total Employment Income: \$ -

Job/Partition	Total	Job/Partition	Total	Job/Partition	Total
Hourly/Ann	(Select)	Hourly/Ann	(Select)	Hourly/Ann	(Select)
Annual		Annual		Annual	
Hourly Wage:	\$ -	Hourly Wage:	\$ -	Hourly Wage:	\$ -
Hours per	0.00	Hours per	0.00	Hours per	0.00
Weeks per	0	Weeks per	0	Weeks per	0
Calculated Income:		Calculated Income:		Calculated Income:	
Bonus Received, YTD:	\$ -	Bonus Received, YTD:	\$ -	Bonus Received, YTD:	
Bonus Expected (remainder of year):	\$ -	Bonus Expected (remainder of year):	\$ -	Bonus Expected (remainder of year):	
Total Annual Bonus:	\$ -	Total Annual Bonus:	\$ -	Total Annual Bonus:	\$ -
Do you anticipate a raise before If "yes," enter expected additional	(Select)	Do you anticipate a raise before If "yes," enter expected additional	(Select)	Do you anticipate a raise before If "yes," enter expected additional	(Select)

ASSETS Total Asset Income: \$ -

Asset Type:	Asset Description:	Current Cash	Actual Income from	Net Cash Asset Value:
(Select)				\$ -
(Select)				Total Actual Asset Income: \$ -
(Select)				
(Select)				
(Select)				
(Select)				
(Select)				
(Select)				
(Select)				
(Select)				
(Select)				
(Select)				

Current Parbank Rate: 0.00%

OTHER INCOME Total Other Income: \$ -

BENEFITS AND/OR PENSIONS				PUBLIC ASSISTANCE				OTHER INCOME			
Description:	Amount:	ncy:	Total:	Description:	Amount:	ncy:	Total:	Description:	Amount:	ncy:	Total:
(Select)				(Select)				(Select)			
(Select)				(Select)				(Select)			
(Select)				(Select)				(Select)			
(Select)				(Select)				(Select)			
(Select)				(Select)				(Select)			

Community Affairs Income Calculator

Adjustments and Deductions Page:

Household Income Adjustments and Deductions

<i>Total Household Income</i>	\$	-
<i>Total Adjustments</i>	\$	-
<i>Adjusted Household Income</i>	\$	-

Total Household Income	\$	-
Total Adjustments	\$	-
Adjusted Household Income	\$	-

DEPENDENT DEDUCTION \$ -

Number of household members (excluding head or co-head) under 18, disabled, or non-degree seeking full-time students over 18:

CHILDCARE DEDUCTION \$ -

Unreimbursable childcare expenses for children under 13 in the coming year: \$ -

Do these expenses allow another household member to work or pursue education?

Who?

Income of this household member: \$ -

DISABILITY DEDUCTION \$ -

Unreimbursable disability expenses in the coming year: \$ -

Do these expenses allow another household member to work or pursue education?

Who?

Income of this household member: \$ -

ELDERLY/DISABLED DEDUCTION \$ -

Is the head, spouse, or co-head of the household older than 62 years or disabled?

Unreimbursable medical expenses in the coming year (costs cannot be covered by insurance or other entities): \$ -

Are disability expenses reported?

Eligibility Assessment Page

Adjusted Income-Dependent Eligibility Assessment

FAMILY ELIGIBILITY

<input type="text"/>	\$ (0) 000.00
Income Limit	\$ (0) 000.00
Program Income Limit (2024)	\$ -
Household Income	\$ (0) 000.00
Household Annual Income	\$ -
Adjusted Household Annual Income	\$ -
Income to Enter in Mitig Loan Reservation	\$ (0) 000.00
Enter the following monthly household adjusted income year under the Mortgage servicer; DO NOT enter any	
Base Income	\$ -
	\$ -

Adjusted Household Annual Income Program Income Limit (2024)

SIGNATURES *(mandatory for eligible households)*

Based on the Review of Sponsor Documentation, the Sponsor has completed an Income Eligibility Analysis and has determined that the household is eligible for the Rental's Trust Fund Program.

I further certify that the information contained in this certification is true and accurate to the best of my knowledge.

Signature of Resident: Date:

Printed Name:

I/we certify that the information contained in this certification is true and accurate to the best of my/our knowledge.

Signature of Sponsor: Date:

Signature of Co-Sponsor: Date:

"Block source documents used for the review maintain a copy in the borrower's file"

Bid Tabulation

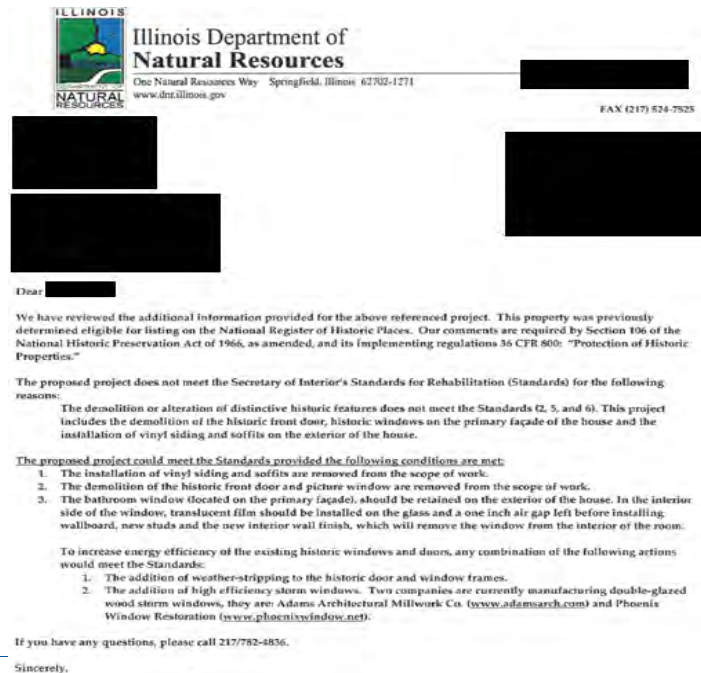
- ❖ A minimum of two bids (preferably three) must be obtained on behalf of the homeowners for all projects.
- ❖ Obtaining more than one bid helps your program in the following ways:
 - Assists you in assessing the validity of your cost estimate
 - Establishes that costs are reasonable for your market
 - Allows choice of contractors for the administrator and owner
- ❖ If there is only one bid, please add a comment on the checklist as to why that was the case.

State Historic Preservation Office Clearance

- ❖ The State Historic Preservation Office must review all homes to be rehabilitated, unless your organization is a certified local government (CLG).
- ❖ Each pre-approval package will need a letter from the State Historic Preservation Office (if applicable), indicating that
 - Home is not a historic property
 - Scope of work complies with the State Historic Preservation Office requirements
 - If your project is located in an historic area, additional documentation will most likely be required. (Scope of work updates are typically required.)
 - **Note:** You may **NOT** begin rehabilitation until you have received an approval/no comment letter back from the State Historic Preservation Office.
- ❖ When submitting a property for approval, keep in mind that there is typically at least a 30-day review turn-around.

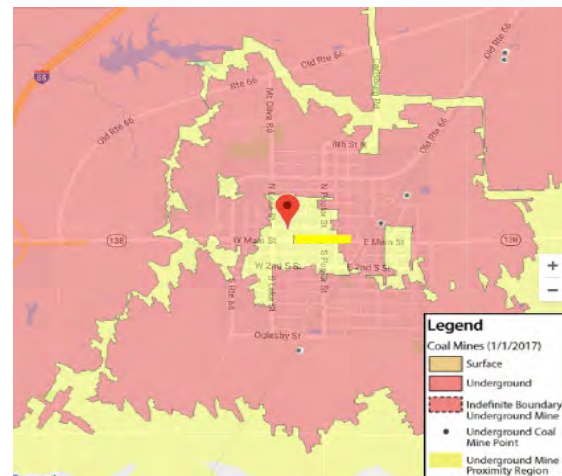
State Historic Preservation Office Clearance

- ❖ Example letter indicating scope of work adjustments that must be made to meet State Historic Preservation Office requirements:



Proximity to an Underground Mine

- ❖ IHDA requires that a map showing the proximity to underground mines be provided for each project to be funded.
- ❖ All properties within the proximity zone will be required to have mine subsidence insurance.
- ❖ Example map of a project where the homeowner would need to carry mine subsidence insurance:



Property Insurance

- ❖ All property insurance documents must list “Illinois Housing Development Authority” as “Additional Insured”
- ❖ Additional Interest, Additional Mortgagee, etc. is unacceptable
- ❖ Must be listed under the full name and address:

Illinois Housing Development Authority
111 E. Wacker Dr., Suite 1000
Chicago, IL 60601

“Before Photos”

- ❖ Include photographs in the pre-approval package indicating where rehab will take place.
- ❖ Photos must reflect line items in the Cost Estimate and Scope of Work.
- ❖ Label pictures for ease of reference.

Title Search

- ❖ *Submit a title search to indicate the borrowers listed in the pre-approval checklist and income calculator are the only owners of the property
- ❖ *All owners must live in the home
- ❖ Property must be clear of all contractor and tax liens
- ❖ If property taxes have been sold to a tax buyer, the property is ineligible
- ❖ Properties with open foreclosure cases are ineligible

Uploading a Pre-Approval Package

- ❖ Save the Pre-Approval Package as one file and upload into MITAS.
 - Pre-Approval Checklist
 - Documents listed on Pre-Approval Checklist

- ❖ Notify TFHAP3info@ihda.org when your Pre-Approval Package has been uploaded for review.

- ❖ Community Affairs will review your Pre-Approval Package and email a 'Pre-Approval'; or notify you of any discrepancies.

- ❖ If IHDA requests any additional information for the Pre-Approval Package, please email the requested documents. Do not upload them to MITAS.

- ❖ Once you receive a pre-approval, you may proceed with the pre-construction meeting for your project.

Mortgage and Promissory Note Execution

- ❖ The Mortgage and Promissory Note must be executed after the homeowner has been pre-approved and prior to any construction being done.
- ❖ Review the Mortgage and Promissory Note in their entirety with the homeowner, to ensure the homeowner fully understands their obligation under the agreements.
- ❖ The amount listed on the mortgage will not reflect the actual loan amount. Review the “up to maximum \$25,000” language.
- ❖ Refer the homeowner to the “Special Notice About Your Forgivable Loan”.
- ❖ The Project Completion Certificate, available at the end of construction, will indicate the full dollar amount of the loan (hard costs of project).

Mortgage and Promissory Note

- ❖ Exhibits included with Funding Agreement
- ❖ Note and Mortgage are fillable

STF-_____

PROMISSORY NOTE

U.S. \$ 25,000.00 _____, 20____

FOR VALUE RECEIVED, the undersigned (“Borrower”) promise(s) to pay to the order of the **Illinois Housing Development Authority**, a body politic and corporate of the State of Illinois (“Noteholder”), **THE LESSER AMOUNT** of the following: (a) Twenty-Five Thousand and No/100 Dollars (\$ 25,000.00); or (b)

This Mortgage was prepared by and after recording return to:

Community Affairs Department
Illinois Housing Development Authority
111 East Wacker Drive, Suite 1000
Chicago, Illinois 60601

Property Identification No.:

Property Address:

_____, IL _____

JUNIOR MORTGAGE

STF-_____

This JUNIOR (this “Mortgage”) is made this ____ day of _____, 20____ by _____ & _____ (“Borrower”), to the Illinois Housing Development Authority, a body politic and corporate of the State of Illinois (“Lender”).

Original Documents

- ❖ IHDA Executed Promissory Note
 - Sponsor will mail directly to IHDA after project completion

- ❖ Original Recorded Mortgage
 - Sponsor will submit to county recorder's office
 - County recorder's office will mail to IHDA:

Illinois Housing Development Authority
Community Affairs Department
Suite 1000
111 E. Wacker Dr.
Chicago, IL 60601

Special Notice About Your Forgivable Loan



111 E. Washington
Suite 1700
Chicago, IL 60601
312.830.0200

Special Notice About Your Forgivable Loan

Illinois Affordable Housing Trust Fund

Home Accessibility Program (HAP) Round 3

Congratulations and welcome to the Home Accessibility Program! HAP provides funding to units of local government and non-profit organizations (known as grantees) throughout the state to help homeowners make necessary home repairs. This is a notice from IHDA, that you are eligible to receive funds up to \$25,000 for home repairs under HAP. This 'up to' amount includes costs for repairs to your home and any additional soft costs associated with the home repairs (e.g. recording fees, permits, lead inspections, and termite inspections). However, your loan amount will consist of construction costs only and will not include any soft costs. The mortgage and promissory note will reflect the maximum assistance available, although you are only responsible for the rehabilitation (scope of work) dollar amount.

Please keep in mind that the actual loan amount may differ, depending on the agreed upon scope of work dollar amount.

The promissory note and mortgage must be executed by the homeowner prior to any construction being done.

Borrower Acknowledgement and Acceptance:

I, _____ (borrower[s]) understand that the actual amount of my loan may be less than the maximum amount possible (\$25,000), depending on the agreed upon scope of work. The actual loan amount will be included in the Project Completion Certificate, which will be available once all rehabilitation is complete.

Owner-Occupied Renter-Occupied Tenant Name: _____

Borrower Printed Name: _____

Borrower Signature: _____

Co-Borrower Printed Name: _____

Co-Borrower Signature: _____

Property Address: _____

Sponsor/Grantee Name: _____

If a third party (lender, title company) needs the loan amount confirmed after the rehabilitation is complete, please reach out to an IHDA representative at 877-456-2620 or at LPMRelease@ihda.org.



Construction Phase

Construction

- ❖ Refer to the Home Accessibility Program (HAP) Round 3 Manual for rehabilitation requirements for the construction component of HAP
- ❖ IHDA Construction Disbursement Templates and IHDA Property Standards are available in the HAP section of the IHDA website: <http://www.ihda.org/my-community/revitalization-programs/>
- ❖ Prevailing Wage does not apply for this Trust Fund program

Top Reminders from IHDA's Construction Team

- ❖ Establish a rehabilitation priority that addresses code violations, energy conservation, major systems, incipient issues
- ❖ Avoid ambiguities with complete plans and specs, be prepared for conflict resolution
- ❖ Work with the homeowner to address needs and expectations when drafting specs
- ❖ Make sure work of GC mirrors construction documents
- ❖ Confirm IHDA property standards

Lead Testing and Clearance


- ❖ Grantees must follow Illinois Lead Prevention Code guidelines when addressing Lead Based Paint:

<http://dph.illinois.gov/sites/default/files/77%20IAC%20845.pdf>

- ❖ Lead Risk assessment is required for pre-1978 built homes, it must be done within a year of the start of construction
- ❖ Refer to the HAP Program Manual regarding risk assessment and clearance testing

Disbursement Document Overview

Partial Payout Checklist:



MITAS Commitment #: _____

**Trust Fund Home Accessibility Program (HAP)—Round 3
PARTIAL PAYOUT REQUEST CHECKLIST**

Grantee: _____ STF#: _____

Prepared By: _____

Phone: _____ Email Address: _____

Date: _____ Owner-Occupied Tenant-Occupied

Homeowner/Landlord: _____ Tenant (if applicable): _____

Property Address: _____

City: _____, IL Zip Code: _____ County: _____

Partial Hard Costs: \$ _____ Partial Soft Costs: \$ _____ Partial Project Delivery: \$ _____ (up to 15% hard/soft costs)
 Remaining Hard Costs for the Project: \$ _____ (Remaining Construction Costs)
 Requested Amount: \$ 0.00 (Hard Costs, Soft Costs, Project Delivery)—not to exceed \$25,000 for entire project

Attached are the following documents:

- Scope of Work Narrative (if different from previous submission)
- Request for Payment & Certification
- Payout Request Summary
- Project Delivery Worksheet
- Soft Cost Invoices (back-up documentation)
- Contractor Payment Request
- Contractor Sworn Statement
- Change Order(s)
- Contractors Partial Lien Waivers (including material lien waivers)
- Pictures of Completed Work
- Special Notice About Your Forgivable Loan (Homeowner retains original. Grantee retains a copy. IHDA receives a digital copy.)
- IHDA Promissory Note
- IHDA Mortgage

Comments: _____

Final Payout Checklist:



MITAS Commitment #: _____

**Trust Fund Home Accessibility Program (HAP)—Round 3
FINAL PAYOUT REQUEST CHECKLIST**

Grantee: _____ STF#: _____

Prepared By: _____

Phone: _____ Email: _____

Date: _____ Owner-Occupied Renter-Occupied

Homeowner/Landlord: _____ Tenant (if applicable): _____

Property Address: _____

City: _____, IL Zip Code: _____ County: _____

Date Project Completed: _____ Partial Payout Submitted: Yes No

Partial Hard Costs: \$ _____ Partial Soft Costs: \$ _____ Partial Project Delivery: \$ _____ (up to 15% hard/soft costs)
 Final Hard Costs: \$ _____ Final Soft Costs: \$ _____ Final Project Delivery: \$ _____ (up to 15% hard/soft costs)
 Total Hard Costs: \$ 0.00 Total Soft Costs: \$ 0.00 Total Project Delivery: \$ 0.00 (up to 15% hard/soft costs)
 Total Project Amount: \$ 0.00 (Hard Costs, Soft Costs, Project Delivery)—not to exceed \$25,000
 Amount of this Request: \$ 0.00 (Hard Costs, Soft Costs, Project Delivery for this payout)

Attached are the following documents:

- Scope of Work Narrative (if different from previous submission)
- Request for Payment & Certification
- Payout Request Summary
- Project Delivery Worksheet
- Soft Cost Invoices (back-up documentation)
- Contractor Payment Request
- Contractor Sworn Statement
- Change Order(s)
- Contractors Final Lien Waivers (including material lien waivers)
- Project Completion Certificate (reflects actual loan amount)
- Assistance Impact Statement (include a picture of applicant in the improvement area, if possible)
- Pictures of Completed Work
- Special Notice About Your Forgivable Loan (Homeowner retains original. Grantee retains a copy. IHDA receives a digital copy.)
- IHDA Promissory Note
- IHDA Mortgage
- Certificate of Occupancy (if applicable)

Comments: _____

Contractor Sworn Statement

- ❖ Include an invoice if unable to list items on form.
- ❖ There should not be an amount indicated in the Balance to Complete field if you are submitting a final payout request.

SWORN STATEMENT FOR CONTRACTOR AND SUBCONTRACTOR TO OWNER

State of Illinois
County of _____

The affiant, Contractor's Name, being that duly sworn, on oath deposes and says that he is (1) Owner in contract with (2) Homeowner's Name(s) owner for (3) Rehabilitation Work on the following described premises in said County, to wit: Property Address _____

That, for the purpose of said contract, the following persons have been contracted with and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on said improvement. That there is due and to become due thereon, respectively, the amounts set opposite their names for materials or labor as stated. That this statement is made to said owner (2) Homeowner's Name(s), for the purpose of procuring from said owner (4) Partial Final Payment on said contract, and is a full, true and complete statement of all such persons, and of the amounts paid, due and to become due thereon.

(1) A member of the firm or, or officer of the corporation of naming name. If a subcontractor, so state and name the contractor. (2) Name of the owner or owners. (3) What the contract or subcontract is for. (4) Partial or Final Payment.

NAME AND ADDRESS	CONTRACT FOR	AMOUNT OF CONTRACT	TOTAL PREVIOUS REQUESTS	AMOUNT OF THIS REQUEST	BALANCE TO COMPLETE
<u>The Best Construction</u> <u>Company Address</u> <u>Company City, State, Zip Code</u>	<u>General Rehab Work</u>	<u>\$ 26,850.00</u>	<u>\$ 0.00</u>	<u>\$ 26,850.00</u>	<u>0.00</u>
<u>Number One Plumbing & Heating</u>		<u>\$4,500.00</u>	<u>\$0.00</u>	<u>\$4,500.00</u>	<u>\$0.00</u>
<u>Ultimate Roofing</u>		<u>\$4,800.00</u>	<u>\$0.00</u>	<u>\$4,800.00</u>	<u>\$0.00</u>
TOTALS		<u>\$36,150.00</u>	<u>\$ 0.00</u>	<u>\$36,150.00</u>	<u>\$0.00</u>
AMOUNT OF ORIGINAL CONTRACT	\$ 36,150.00	TOTAL AMOUNT REQUESTED	\$ 36,150.00		
EXTRAS TO CONTRACT	\$	LESS % RETAINED	(\$)		
TOTAL CONTRACT AND EXTRAS	\$ 36,150.00	NET AMOUNT EARNED	\$ 36,150.00		
CREDITS TO CONTRACT	\$	AMOUNT OF PREVIOUS PAYMENT	\$ 0.00		
NET AMOUNT OF CONTRACT	\$ 36,150.00	AMOUNT DUE THIS PAYMENT	\$ 36,150.00		
		BALANCE TO COMPLETE	\$ 0.00		

I understand that the total amount paid to date plus the amount requested in this application shall not exceed _____ % of the cost of work completed to date.

I agree to furnish Workmen of Lien for all materials under my contract when demanded.

Signed: [Signature]

Subscribed and sworn to before me this _____ day of _____.




[Signature] (Notary Public)

The sworn sworn statement should be obtained by the owner before the final payment.

Product Description	Amount
TEAR OFF ROOF AND INSTALL NEW	4,800.00
REMOVE AND CAP CHIMNEY	500.00
REPLACE SHED ROOF	6,600.00
NEW DOOR AND STORM DOOR	900.00
INSTALL VINYL FLOOR	450.00
REPLACE DEFECTIVE SUBFLOOR	450.00
REPLACE UNDERLAYMENT	300.00
INSTALL NEW SHEETROCK TO WALL	700.00
SHEETROCK ON CEILING	300.00
PRIME/PAINT WALLS & CEILING	700.00
INSTALL CABINET WITH LIGHT BAR	450.00
REPLACE VANITY AND SINK	600.00
INSTALL RAISED ADA TOILET	500.00
INSTALL 5' SEATED SHOWER UNIT WITH GRAB BARS	2,100.00
INSTALL BATH FAN WITH LIGHT	500.00
INSTALL VINYL PLANK FLOORING	1,260.00
INSTALL BEAM ON PIERS	500.00
REPLACE FRAMING AND SUBFLOOR	800.00
INSTALL UNDERLAYMENT 180 SF	300.00
INSTALL KITCHEN SINK AND FAUCET	500.00
UR: INSTALL VINYL FLOORING	700.00
REPLACE DEFECTIVE SUBFLOOR	800.00
REPLACE UNDERLAYMENT	500.00
INSTALL WATER LINES	1,900.00
INSTALL DRAIN, WASTE VENT LINES	2,800.00
INSTALL 100 AMP SERVICE	1,200.00
REWIRE ENTIRE HOUSE	2,800.00
INSTALL ENTRY LIGHT FIXTURE, 2 EA	400.00
INSTALL SMOKE/CO DETECTOR(4EA)	600.00
FOYER: INSTALL VINYL FLOOR	200.00
INSTALL 6 CEILING LIGHTS	500.00
INSTALL COUNTERTOP	780.00
TOTAL	\$36,190.00

Contractor Lien Waiver

- ❖ Lien Waiver for each contractor listed on Sworn Statement (general contractor and all sub contractors)
- ❖ Contractor's name must be included in Contractor's Affidavit Section
- ❖ Partial Lien Waivers must be submitted for Partial Payout Requests

FINAL WAIVER OF LIEN					
TO WHOM IT MAY CONCERN:					Escrow or file # _____
WHEREAS the undersigned has been employed by <u>Homeowner</u>					
To furnish <u>materials and labor</u>					
for the premises known as <u>Property Address</u>					
of which <u>Homeowner</u> is the owner.					
THE undersigned, for and in consideration of <u>Written Hard Costs Amount</u>					
(\$ _____) Dollars, and other good and valuable considerations, the receipt whereof is hereby acknowledged, do(es) hereby waive and release any and all lien or claim or right of lien under the Statutes of the State of Illinois, relating to Mechanic's liens, on the above-described premises and improvements thereon, and on the moneys or other considerations due or to become due from the owner, on account of labor or services, material, fixtures or appurtenances heretofore furnished or which may be furnished at any time hereafter by the undersigned for the above described premises.					
Signed this _____ day of _____					Signed  Signed by Contractor
*NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, and title of officer signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.					
CONTRACTOR'S AFFIDAVIT					
STATE OF ILLINOIS COUNTY OF _____					
TO WHOM IT MAY CONCERN:					
THE undersigned, being duly sworn, deposes and says that he is <u>Contractor's Name</u>					
<u>Contractor's Position</u> of the <u>Company Name</u>					
who is the contractor for the <u>Rehabilitation</u> work on the					
building located at <u>Property Address</u>					
owned by <u>Homeowner</u>					
That the total amount of the contract including extras is \$ _____ on which he has received payment of \$ _____ prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have furnished material or labor, or both, for said work and all parties having contracts or sub contracts for specific portions of said work or for material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all labor and material required to complete said work according to plans and specifications.					
NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
<u>Number One Plumbing & Heating</u>	<u>Plumbing</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>
<u>Contractor's Address</u>					
TOTAL LABOR AND MATERIAL TO COMPLETE		<u>\$ 4,500.00</u>	<u>\$ 0.00</u>	<u>\$ 4,500.00</u>	<u>\$ 0.00</u>
That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated					
Signed this _____ day of _____					Signed  Signed by Contractor
Subscribed and sworn to before me this _____ day of _____					
					Signed 

Project Delivery Worksheet

- ❖ Project delivery is the administrative costs associated with each project.
 - Eligible costs include staff time associated with client intake, work write-ups, cost estimates, environmental reviews, inspections, and permits (when excluded from contractor's overhead costs)
 - Limited to 15% of the hard and soft costs
- ❖ Your project delivery worksheet needs to reflect the actual hourly wage for staff and the actual hours worked on the project.
- ❖ Do not back into the 15% maximum allowable limit, list the actual time you've worked on a project. (In most cases, the amount of time you've spent working on a project will not be exactly 15% of hard and soft costs; you should report the actual time spent.)

Project Delivery Worksheet



Project Delivery Worksheet Project-Related Soft Costs

Please complete the following information, sign, and place in each individual activity file. This form must also be included with each Trust Fund payout request submitted to IHDA.

Program Name: Home Accessibility Program Round 3 STF#: _____

Homeowner Name: First _____ Last _____ MITAS #: _____

Homeowner Name: First _____ Last _____ Property Address: _____

Tenant Name: First _____ Last _____ City: _____, IL

Zip Code: _____

Description	Total Cost	Staff Person(s)	Title	No. of Hours	Hourly Wage
Counseling	\$ 0.00				
Historic Reviews	\$ 0.00				
Income Verifications	\$ 0.00				
Intake	\$ 0.00				
Inspections	\$ 0.00				
Work Write-Ups	\$ 0.00				
<input type="text"/>	\$ 0.00				
<input type="text"/>	\$ 0.00				
<input type="text"/>	\$ 0.00				
<input type="text"/>	\$ 0.00				
TOTAL	\$ 0.00			0.00	

I certify that the above information is correct and that all items can be verified by either timesheets for this specific project or a budget approved for this program based on actual time and costs incurred for these activities analyzed over a six-month period.

_____ _____

Signature of Authorized Signatory Date

Project Completion Certificate

- ❖ Grantees will submit this signed document to IHDA staff once the project is complete.
- ❖ This document is referenced in the “Special Notice About your Forgivable Loan”.
- ❖ The Final Loan Amount will reflect the Contract Amount, which is the equivalent of all hard costs associated with the project.



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

Home Accessibility Program (HAP) Round 3 PROJECT COMPLETION CERTIFICATE (For Contractors and Subcontractors)

Grantee: _____ STF- _____

House Address: _____

Contractor: _____

Final Loan Amount: _____ Date: _____ MITAS Commitment #: _____



Project Completion Certificate – Addressing Lead Based Paint

- ❖ Select one of the following three check boxes, depending on the date the home was built and whether or not the home will need to pass a clearance test:

Risk Assessor's Approval (check one, fill out, and sign below):

1) I hereby certify that this home was built *before* 1978 and a lead risk assessment was done on _____ . There is no presence of lead in the area of work and no further testing is required.

OR

2) I hereby certify that this home was built *before* 1978 and a lead risk assessment was done on _____. Work safe practices were followed as dictated by state and local ordinances. Home passed lead clearance test on _____ after construction was completed.

OR

3) I hereby certify that this home was built *after* 1978, therefore, no preconstruction testing was required.

- ❖ See the chart below for requirements regarding how to address lead based paint:

	Interior Rehab Work	Exterior Rehab Work
Pre 1978	Risk assessment of the entire home is needed for every project.	Risk Assessment is needed for every project. Only the affected areas need to be tested.
After 1978	No lead assessment is required, unless grantee determines otherwise.	No lead assessment is required, unless grantee determines otherwise.

“After” Photos

- ❖ All significant work done on the home must be captured in the photos you submit with your Disbursement Package
- ❖ Any construction items mentioned in the Scope of Work must have accompanying photographs
- ❖ Submit color photos
- ❖ Label all pictures
- ❖ Scope of Work should be revised to reflect final work completed

Uploading a Payout Package

- ❖ MITAS will allow you to upload only one Pre-approval Package and one Payout Package per project.
- ❖ If you have previously uploaded a Partial Payout Package and need to upload a Final Payout Package, email your Final Payout Package to TFHAP3info@IHDA.org. We will upload the Final Payout Package for you.
- ❖ Community Affairs will review your payout package and email you when your disbursement has been processed for payout; or notify you of any discrepancies.
- ❖ If IHDA requests any edits be made to the payout package, please email the requested documents as a reply to the email requesting the additional items. Do not upload requested items into MITAS.

Reporting, Work Safe Practices, and Q&A

Reporting

- ❖ Quarterly Reports—Due by the 15th after quarter end
- ❖ Quarterly Status Report Timeline in Appendix G
- ❖ Annual Audited Financial Statements—Due within 9 months after the fiscal year end
- ❖ Retain all files and supporting documentation for five (5) years
- ❖ A link will be provided to submit reports

Work Safe Practices – Covid 19

Refer to state issued guidance at:

- ❖ <https://coronavirus.illinois.gov/s/prevention-at-work>
- ❖ <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html>

IHDA Recommendations:

- ❖ Obtain written consent of the homeowner prior to commencing any work.
- ❖ Stagger shifts, use of face coverings and/or PPE, proper social distancing and sanitization practices

Questions

