Date:

To: (the “Recipient”)

From: Illinois Housing Development Authority (the “Authority”)

CC:

Re: **Long Term Operating Support Program (“LTOS”) 15% Requirement Waiver Request**

Per 310 ILCS 105/25 (1) (the “Act”), fifty percent of the units that are supported by any LTOS grant must be set aside for households whose income is at or below 15% of the median family income for the area in which the grant will be made, provided that developers may negotiate flexibility in this set-aside with the Authority, or municipality as defined in subscription (b) of Section 10 if it demonstrates that it has been unable to locate sufficient tenants in this lower income range.

As a LTOS Recipient, you must obtain tenant referrals from the Statewide Referral Network (the “SRN”) to fill the LTOS Units. If the SRN is unable to provide the Recipient with household tenant referrals at 15% AMI, the Recipient must complete the Waiver Request attached as **Exhibit A**.

For the duration of the LTOS grant award, if the Recipient has a vacancy in a LTOS unit, the Recipient must fulfil the set aside requirements of the Act or request a new wavier from the Authority. Please feel free to contact Matthew Fifer at mfifer@ihda.org if you have any questions.

**TO BE COMPLETED BY OWNER**

**DEVELOPMENT**

Development Name:

Development Address:

Total LTOS Units: LTOS Grant Expiration:

**MANAGEMENT COMPANY**

Management Company Name:

**Select One**

* **No Vacant Units**: The Development does not currently have any vacant units however, I hereby acknowledge that I understand that upon vacancy of any LTOS Unit, if unable to find a qualified tenant, I must provide the Authority with a new Waiver Request regarding inability to find a qualified 15% AMI tenant.
* **Vacant Units:** The Statewide Referral Network (SRN) is unable to provide 15% AMI tenant referrals. The LTOS Unit will be occupied with a tenant at or below 30% AMI per LTOS guidelines. I hereby acknowledge that I understand that upon vacancy of any LTOS Unit, if unable to find a qualified tenant, I must provide the Authority with a new Waiver Request regarding inability to find a qualified 15% AMI tenant.

Signature of Owner/Agent: Date:

**TO BE COMPLETED BY SRN WAITLIST MANAGER**

Date Owner/Agent reported unit vacancy

Date Referrals were sent to Owner/Agent

Number of Referrals sent to Owner/Agent

Additional Comments:

Print Name:

Signature of SRN Waitlist Manager: Date:

**TO BE COMPLETED BY IHDA LTOS PROGRAM COORDINATOR**

Date Owner/Agent requested 15% AMI LTOS Waiver

Date 15% AMI LTOS Waiver approved

Signature of LTOS Program Coordinator: Date: