

The Illinois Rental Housing Support Program (RHS)

LONG TERM OPERATING SUPPORT(LTOS) PROGRAM GUIDE

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**Long Term Operating Support (LTOS)
Program Guide 2007**

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A. LONG TERM OPERATING SUPPORT (LTOS) PROGRAM GUIDE

1. Program Purpose, Description, and General Administration

- a. Portions of the funding under the Rental Housing Support Program (“RHS Program”) will be available annually by a Request for Applications (“RFA”) under the Long Term Operating Support (“LTOS”) Program to provide long-term Rental Assistance to owners of newly available affordable housing units.
- b. Newly available affordable housing units are defined as units created in a new construction Project, a rehabilitation Project, or currently operational units being made available for the targeted income level that previously were not targeted to this level through a direct and ongoing rental assistance program.
- c. LTOS Program grants will target Units for Households with incomes at or below 30% of the Median Income (“Extremely Low-Income Household”), with at least 50% of the assistance targeted to benefit households at or below 15% of the Median Income (“Severely Low-Income Household.”).
- d. IHDA will prepare a LTOS Application through which Developers will apply for funding for Units to be assisted.
- e. RFAs under the LTOS Program, as more fully described below, will conform to the current State Comprehensive Housing Plan goals and may designate property types, populations served, or type of funding available for the given year. A preference for Special Needs households may be included in any annual RFAs.
 - i. Special Needs households are defined as Households that are homeless or imminently at risk of becoming homeless; that are now or imminently at risk of living in institutional settings because of the unavailability of suitable housing; or that have one or more members with disabilities, including but not limited to physical disabilities, developmental disabilities, mental illness or HIV/AIDS.
- f. A municipality within the state with a population greater than 2,000,000, which based on the U.S. Census data from 2000, defines solely the City of Chicago, is authorized to designate a LAA for operation of the RHS Program, including the LTOS Program, within the City limits. The City of Chicago RHS Program will be subject to the rules adopted for the Statewide RHS Program, and the Municipality Program Guide. Contact the City of Chicago, Department of Housing for program guidelines for operation of and participation in the Rental Housing Support Program within the City of Chicago.
- g. Funding available for Projects under the LTOS Program may be provided for currently operational Projects or Projects that will be operational within 3-6 months of the LTOS Application date, depending on the specific requirements of the RFA.

- h. Funding may also be provided for Projects to be developed and become operational after a construction or rehabilitation period, depending on the specific requirements of the RFA. Funding commitments for Projects to be developed may be forward commitments from future year's LTOS appropriation.
- i. LTOS Grants will provide funding to a Project on an ongoing basis, equal to the difference between the IHDA approved rent for the LTOS Unit and the estimated amount of the Tenant Contribution for Extremely Low and Severely Low-income households for the defined period of the LTOS Grant. The LTOS Grant term will be up to 15 years. IHDA may, at its discretion, approve LTOS Grants for greater than 15 years, with funding no greater than 30 years.

2. Project Eligibility

- a. Eligible Projects include currently operational Projects, Projects that will become operational within 3-6 months of Application, or newly developed Projects to become operational after a construction or rehabilitation period.
- b. All Projects must create "new" affordable units not previously available to Extremely low and Severely low-income households.
- c. The types of Units eligible include: efficiency, 1, 2, 3, and 4 bedroom housing units. Single room occupancy units are also eligible for funding under the LTOS Program. Housing units intended as transitional or temporary housing, with a lease of less than twelve months, do not qualify as Units.
- d. The number of Units proposed to receive Rental Assistance shall not exceed 30% of the units in the Project with half of the proposed Units targeted towards households earning less than 15% of Median Income. For supportive housing projects containing 16 units or less, and for all other Projects containing six units or less, the number of Units proposed to receive Rental Assistance may exceed 30% of the units in the Project.
- e. Units receiving direct and ongoing rental assistance under an existing federal or local rental assistance program are not eligible to be assisted under the LTOS Program.
- f. All housing Units approved for participation in the LTOS Program must meet HUD Section 8 Housing Quality Standards and address lead based paint certification requirements. Attachment 2 – RHS-LTOS HQS Property Standards
 - Exhibit 1 – RHS-LTOS HQS Physical Inspection Form – Full
 - Exhibit 2 – RHS-LTOS HQS Physical Inspection Form – Walk-Thru
 - Exhibit 3– RHS-LTOS Lead Based Paint Certification Form
- g. Existing Tenants in proposed Units cannot be displaced by the LTOS Program and no relocation assistance is available through the LTOS or RHS Program under any circumstances.

3. Developer Eligibility

- a. Entities eligible to apply as Developer under the LTOS Program may include:
 - i. an individual, joint venture, partnership, limited partnership, limited liability company, trust, corporation, or other legal entity.
 - ii. local housing authorities organized under the Illinois Housing Authorities Act (310 ILCS 10);
 - iii. or not-for-profit organizations organized under the General Not-For-Profit Corporation Act of 1986, as amended (805 ILCS 105/.) and registered and in good standing with the Illinois Secretary of State and the Illinois Attorney General.
- b. IHDA will review the terms and conditions of the Developer legal entity.
- c. To be eligible to receive funding under the LTOS Program, a Developer must be financially viable, as determined by the Authority at the time of its Application. In making this determination, the Authority shall review, among other things, the Developer's audited financial statements for the most recent years or, if it does not have an audited financial statement, its federal income tax return for the most recent years.
- d. Developers must also demonstrate to the satisfaction of the Authority experience in or capacity for the operation and management of affordable housing developments, including housing developments that serve Extremely Low-income Households and Severely Low-income Households.

4. Tenants Eligibility for LTOS Program Assistance

- a. Tenants eligible for LTOS Units must earn equal to or less than 30% of the Median Income. IHDA will publish Median Income figures based on information released annually, by the U.S. Department of Housing and Urban Development. Attachment 5 – RHS-LTOS Maximum Income Limits.
- b. Household income eligibility for participation in the LTOS Program will be determined prior to initial occupancy and, thereafter, annually prior to lease renewal, by the Developer and reviewed by IHDA. Exhibit 7 – Tenant Income Certification Form
 - i. Household income qualification standards for the LTOS Program will generally be based on federal HUD Section 8 guidelines. Attachment 6 – RHS-LTOS Definition of Income and Assets.
 - ii. Income eligibility is based on the annual gross income of all adult persons in the Household. While certain types of income are excluded from the calculation of the Household's annual gross income for the purpose of determining eligibility

under the LTOS Program, no adjustments will be made to the annual gross income for items such as minors, seniors, medical expenses, schooling expenses, etc.

- iii. Annual gross income includes actual income earned from assets of the Household. The LTOS Program household income calculation does not include the requirement to “impute” a minimum income on assets of the household.
- c. Tenants receiving Rental Assistance under an existing federal or local Rental Assistance program are not eligible to be assisted under the LTOS Program.
- d. Existing Tenants in units that are owned by the Developer, and proposed for the LTOS Program cannot be displaced by the program. No relocation assistance is available under any circumstances. If existing Tenants who are eligible for the program are accepted, they will need to terminate the old lease and sign a new lease that is at least a minimum of one year in length.

5. Setting LTOS Rents and Maximum Rents

- a. The Developer will submit proposed rents for LTOS Program Units organized by building and bedroom size. Developer will also submit at least three rent comparisons for each bedroom size, Exhibit 6 – Market Rent Analysis Form and any other appropriate documentation to support the proposed rents.
- b. The Market Rent Analysis will include, at a minimum, details regarding the comparable project’s location, square footage of units and amenities for both the project and the units. Information regarding which utilities are included and not included in the proposed and comparable rents and an estimate of utility cost must also be included in the analysis.
- c. IHDA will publish maximum rent level guidelines for the RHS Program to assure reasonable and efficient use of resources. Maximum rent guidelines will be based on the greater of the rents set under the federal Low Income Housing Tax Credit Program for households @ 60% Median Income or 120% of Fair Market Rents (as published by HUD for the Section 8 program) for a particular locale and bedroom size. Attachment 4 – RHS-LTOS Maximum Rent Limits.
- d. Assumed rents will be set at the lower of market rents for the area, current RHSLTOS Maximum Rent Limits, and rental limits associated with other financing received by the project.
- e. If the rent of a Unit proposed by the Developer exceeds the Maximum Rent Guidelines as published by IHDA for the RHS Program, the Developer will be required to submit at least two additional rent comparisons, and a detailed market

analysis. These documents must demonstrate the unavailability of rents under the published maximums in the market area and support the need for the proposed rents. Approval of rents exceeding the published maximum guidelines will be made on a case-by-case basis.

- f. Proposed Unit rents must be approved by IHDA and will be subject to a final negotiation at the time of signing the Grant Agreement. Annual rent increases for Units supported by a LTOS Grant will be up to 2% of the approved rent included in the Grant Agreement. This annual rent increase limit may change at the discretion of IHDA and will be included in the calculation of the Grant size.

6. LTOS Request for Applications

- a. LTOS Grants will be awarded in response to an RFA made available statewide, outside the Municipalities, based on eligibility, quality of proposals, and funding availability.
- b. RFAs may include preferences for targeting of Units to Special Needs Populations.
- c. Pending funding availability, IHDA will make request Applications for funding under the LTOS Program in subsequent years of the program. Previously funded Developers, with a satisfactory performance record may apply under a subsequent RFA.
- d. In addition to LTOS Program eligibility criteria, any future RFAs may seek to award LTOS Program resources to Service Areas not previously covered by the LTOS Grant Agreements currently in place.
- e. IHDA will provide training and technical assistance on program criteria to help prepare Developers for completing the Application. Training materials will be available on IHDA's website (www.ihda.org) and training workshops will be available at locations around the State.
- f. The LTOS Program RFAs may be coordinated with other IHDA/State capital, operating, and service resources, under a joint NOFA, to accomplish targeted affordable housing goals. IHDA may make available through the NOFA process additional resources such as HOME Investment Partnership funds, Illinois Affordable Housing Trust Fund funds, Low Income Housing Tax Credits, or Illinois Affordable Housing Tax Credits.

7. Application Submission

- a. The proposal submission will include information listed in the RFA sufficient to analyze the financial feasibility of the Project, determine compliance with the LTOS Program requirements and establish if the proposal meets the current State Comprehensive Housing Plan goals.

- b. Developers are required to submit two unbound copies of the Application with required exhibits to IHDA and one electronic copy of the Application Worksheets. When the proposal is received, it will be reviewed for completeness and accuracy. Exhibits must be completed, attached and submitted at the time of Application. IHDA staff may contact the Developer for additional information or clarification as needed.
- c. Support: Applications must include a resolution or letter of support from the local elected officials. Additional support letters may be submitted from area residents and local service providers. A statement from a local government official stating compliance with the local Consolidated Plan or revitalization plan, as applicable, should be included with Application.
- d. Developers will be required to submit a \$250 Application fee for consideration for funding under the LTOS Program. Developers submitting multiple Applications, in a given Application round, to cover more than one project will be required to submit one Application fee for each Application. Each Application should cover no more than one Project.
- e. If it is determined that a proposal does not meet the basic requirements of LTOS and the RFP under which funding is sought, the proposal will be denied and will not be considered further.

8. Application Review and Funding Process

- a. Applications for funding consideration under the LTOS Program must be received no later than the prescribed date and time under the relevant Application.
- b. Timeline of Application review:
 - i. LTOS RFA released – no less than annually, based on funding availability
 - ii. Completed Application submission: deadline set by RFA
 - iii. Initial Review and completeness check
 - iv. Project underwriting and feasibility review
 - v. Loan Committee Review
 - vi. IHDA Board Commitment: based on Loan Committee recommendations
 - vii. Grant Agreement Letter: following Board approval
 - viii. Grant Closing
 - ix. Grant Funding; subject to terms of the LTOS Grant Agreement and Terms

9. Application Evaluation Criteria

Application evaluation criteria will include:

- a. Developer’s demonstrated experience developing, operating, and managing affordable rental housing, including satisfactory maintenance of units, operational performance, and compliance with monitoring requirements.

- b. The Developer's proposed unit mix, i.e. the type, proportion, and number of units as efficiency, one, two, three, and four bedroom housing units. The inclusion of larger bedroom units should be considered based on documented need in the community.
- c. Developers shall specify the number of Units for which they are requesting an Allocation, the proposed rent structure and the amount of LTOS Program funds requested.
- d. Accessibility - Developers that commit to provide accessibility features of Units, in excess of the minimum accessibility requirements required by law, in order to serve a proposed target population, are encouraged. All projects must meet minimum accessibility requirements as outlined in the Illinois Environmental Barriers Act (AEBA@) (410 ILCS 25/1 et seq. (1996) as amended and the Illinois Accessibility Code, 71 Ill. Adm. Code 400. Additionally, if applicable, developments must comply with the Americans with Disabilities Act, 42 U.S.C. 12101, et seq., (AADA@) as amended and supplemented.
- e. Developer's level of commitment and capacity to implement a proposed Outreach Plan to satisfactorily meet the housing needs of Severely and Extremely Low-Income Households and Special Needs populations Exhibit 5 – Outreach Plan (model). The Outreach Plan will:
 - i. Outline procedures for advertising available Units and contacting referral organizations for identifying and referring prospective Tenants to Developers for broad community participation in the LTOS Program.
 - ii. Submit evidence of organizational relationships and capacity to achieve preference targeting of housing Units for Special Needs populations, identified accessible Units for persons with physical disabilities, and procedures to assure compliance with the stated targeting strategy.
 - iii. Developers shall specify in their Applications how vacancies in Units will be advertised and shall include in their Application provisions for outreach to local homeless shelters, organizations that work with Special Needs Households, and others interested in affordable housing.
- f. The Developer, as part of the Application, will develop a Plan for Services, which shall include information for LTOS Program Tenants on how to gain access to education, training and support services.
- g. The level of local government and community support for the proposed Project;
- h. The suitability of the Project site;
- i. Cost per Unit of the Project, including soft costs (non-construction costs), if applicable;

- j. The site and market information provided for the Project.
- k. The Project's financial feasibility and the need for LTOS funding to make Units affordable to Extremely and Severely Low-income households.
- l. The proposed term of the Allocation of LTOS funding, up to 15 years. IHDA may, at its discretion, approve LTOS Grants for greater than 15 years, with funding no greater than 30 years.
- m. The availability of funds under the RHS Program that have been reserved for the LTOS Program;
- n. The goal of the geographic diversity of Projects funded under the LTOS Program.

10. LTOS Grant Underwriting Criteria

The following will assess a Project's operations and financial feasibility over the term of the LTOS Grant:

- a. Site Control: A Developer must have site control (e.g., ownership, option, purchase contract, or deed) at the time of Application. If site control is in the form of an option or purchase contract, control must extend 6 months past the Application date. Ownership must be in place prior to LTOS Grant closing.
- b. A total debt service coverage ratio of at least 1.10:1.00 at the time of Application for all Project debt.
- c. Debt Structure: If applicable, any existing financing must have a term of at least 15 years remaining to match the term of the proposed LTOS Grant and borrowed at a reasonable interest rate, as determined by IHDA. If the debt structure includes an adjustable rate mortgage, the Developer must obtain a cap on the adjustment over the period of the LTOS Grant.
- d. Vacancy: A minimum 7% vacancy rate will be used to underwrite Applications in most cases. For elderly projects a lower vacancy level (3% - 5%) will be considered
- e. Operating Expenses: Estimated annual operating expenses, including real estate taxes and excluding replacement reserve deposits should range from \$3,500 to \$6,000 per Unit. IHDA will review proposed operating costs and assumptions in comparison to IHDA's portfolio of similar size and type developments. If applicable, Applications in Cook County must show proof of a Class 9 Incentive Classification when considering the property tax estimates for the operating expenses.
- f. Management Fee: The management fee will be determined as a percent of effective gross income ("EGI") and based on the total number of Units and income in the

- development. The management fee should typically not exceed 6% of EGI for any development.
- g. Replacement Reserve: For family developments a minimum reserve of \$350 per Unit, for senior housing a minimum reserve of \$250 per Unit per year.
 - h. Property Condition: All housing Units approved for participation in the LTOS Program must meet HUD Section 8 Housing Quality Standards and address lead based paint certification requirements.
 - i. Site & Market Study: IHDA will accept Developer prepared materials showing evidence for the market demand for the proposed LTOS Program Units. IHDA may require that a full site and market study be performed for developments to be funded through the LTOS.
 - j. Accessibility: Developers that commit to provide accessibility features of Units, in excess of the minimum accessibility requirements required by law, in order to serve a proposed target population, are encouraged. When applicable, all projects must meet minimum accessibility requirements as outlined in the Illinois Environmental Barriers Act (AEBA@) (410 ILCS 25/1 et seq. (1996) as amended and the Illinois Accessibility Code, 71 Ill. Adm. Code 400. Additionally, if applicable, developments must comply with the Americans with Disabilities Act, 42 U.S.C. 12101, et seq., (AADA@) as amended and supplemented.

11. Additional LTOS Grant Underwriting Criteria for Projects To Be Developed

The following additional criteria will be used for Projects to be developed and become operational after a construction or rehabilitation period:

- a. Developer fee: The Developer fee must include all fees paid to processing agents and development consultants. The Developer fee will be calculated using the IHDA standard definition as published in its Low Income Housing Tax Credit QAP or available on its website, www.ihda.org.
- b. Developer Equity: Every proposal is expected to contain an equity contribution. The specific amount is determined on a case- by-case basis. For-profit Developers that do not include an equity contribution will not be considered. Equity can be provided in the form of cash or proceeds from the syndication of tax credits. Because the LTOS is operating support, up to 25% of the Developer fees may be required to be contributed as additional equity before calculating any LTOS participation in the financing.
- c. Project Costs: The reasonableness of the Unit construction costs will be reviewed. Costs in excess of \$175 per square foot or \$175,000 per Unit may be subject to a cost review by an IHDA approved independent cost estimator. If a cost review is required, the Developer must pay for the study.

- d. **Site & Market Study:** IHDA may require that a full site and market study be performed for developments to be funded through the LTOS. Since the site and market study may provide key information on the potential viability of the proposed development, this study would be undertaken prior to IHDA Loan Committee approval and may, in some situations, determine whether the project will receive funding under the LTOS Program.
- e. **Appraisal:** IHDA will require an appraisal of the property. An appraisal will assist in the evaluation of the acquisition value, rent and expense comparisons and market value of the property based on a completed construction assessment..
- f. **Developments must meet all program energy efficiency standards, state and federal accessibility requirements, and state earthquake standards as applicable.**
- g. **Projects requiring rehabilitation must submit a physical needs assessment (PNA) at the time of Application. The PNA must be consistent with the Fannie Mae format for such studies.**
- h. **IHDA will require a Phase I assessment be performed to define and assess environmental issues relating to the site and/or building as applicable. Any environmental issue discovered must be addressed prior to closing. If clear documentation exists that a property is environmentally sound in regard to a particular hazard, no Phase II assessment is required for that hazard. If there are obvious problems or the status is uncertain, either the property will be deemed unacceptable for funding under the Program, or a Phase II assessment will be required for that hazard. If a Phase II assessment is required, IHDA will suspend processing of the Application until it is determined how and if the existing hazard(s) can be safely removed or encapsulated, as the case may be. Conditions that present violations of common law or applicable local, state or federal environmental or public health statutes and laws and which will not or cannot be remedied to the satisfaction of IHDA; or properties that are the subject of environmental or public health litigation or administrative proceedings by public entities or private parties.**

12. LTOS Grant Terms and Size

- a. **Size:** The maximum financing available to a Project is \$1,500,000. Based on the number of Applications, the population being housed, and the leveraging of other resources, the final award may be less than the requested amount
- b. **The amount of LTOS Grant funding available to a given Project will be calculated as the difference between the IHDA approved rent for the LTOS Unit and the lowest estimated Tenant Contribution for Extremely Low and Severely Low-income households for the defined period of the LTOS Grant. Grants will be paid quarterly in advance. Grants paid in advance in excess of the actual Assistance needed will be adjusted quarterly.**

- c. Term: up to 15 years. IHDA may, at its discretion, approve LTOS Grants for greater than 15 years, with funding no greater than 30 years.
- d. The amount of LTOS Grant funding available for the term of the assistance will be determined at the time of grant closing. IHDA will make payments to the Developer as required under the Grant Agreement.
- e. Annual rent increases will be up to 2% per year. This annual rent increase limit may change at the discretion of IHDA and will be included in the calculation of the LTOS Grant size.
- f. Unit Mix: Based on the developer's proposed Unit mix, funding availability, and other factors IHDA may consider, the unit mix to be fixed in terms of the number of 0 bedroom, 1 bedroom, 2 bedroom, 3 bedroom units, and 4 bedroom units receiving LTOS funding.
- g. Use & Affordability Requirements: LTOS Grants can only be expended on Units within the Project reserved for Extremely Low-income Households and Severely Low-income Households. Applications proposing mixed-income developments are eligible.
- h. Regulatory Agreements: The Developer must consent to be regulated by the terms provided in the Regulatory Agreement. The Regulatory Agreement is executed and recorded at the time of grant closing. This Agreement places restrictions on the use of the property. The Regulatory Agreement describes the owner's responsibilities and obligations to the subject property including occupancy, rents, project reserves, income and special needs targeting, and reporting. Any default in this Agreement may result in the grant being called. The Regulatory Agreement will remain in effect for the term of the grant.
- i. The Regulatory Agreement will allow for the grant to be recoverable if the owner fails to remain in compliance with the terms of the Regulatory Agreement for the term of the assistance.
 - ii. Developer will be allowed a sixty day cure period for any non-compliance. Noncompliance with the Regulatory Agreement would allow for the termination of such Regulatory Agreement, and recovery of any portion of the grant that is nonforgiven.
 - iii. If a Unit occupied by an eligible LTOS Program tenant is determined to no longer meet HQS standards, the Developer has a maximum thirty day period to bring the Unit into compliance. For serious health and safety issues, the Developer must bring the Unit into compliance within 72 hours. Failure to meet this standard will cause the LTOS Program Rental Assistance to be removed from the Unit and, if applicable, the project.

- i. Additional charges or fees such as security deposits, pet fees, and damages, will not be covered by the LTOS Program.

13. Participating Developer Responsibilities

- a. Developers will be required to maintain housing quality for all housing Units and properties under the LTOS Program. When applicable, Developers will be required to submit plans, specifications, PNA reports, and environmental studies for review by IHDA as outlined in Section 10 and 11 of this document.
- b. All Units receiving assistance under the LTOS program must be free from lead based paint hazards. Each new Unit entering the program will need to be certified. Exhibit 3 – Lead Based Paint Certification Form
 - i. Developers will certify to IHDA that they have visually inspected the Unit for lead paint hazards, and if such hazards have been found, have performed assessment and completed necessary remediation or abatement activities in conformance with federal and state law as applicable.
 - ii. For buildings constructed on or after January 1, 1978, Developers shall certify, that the housing Unit contains no lead based paint hazards.
- c. All Developers will be required to adhere to federal and state fair housing and affirmative marketing practices, and other applicable federal, state, and local regulations.
- d. Developers will prepare and submit to IHDA a Tenant Selection Plan for participants under the LTOS program. The Tenant Selection Plan shall outline the procedures and guidelines used in selection of Tenants by the Developer for occupancy in a project included in the LTOS Program. Exhibit 10 – Tenant Selection Plan (model). This submitted plan may be made available to the public upon request. Once Tenants have been selected approval must be made by IHDA.
- e. Developers will provide Tenants in the LTOS Program with a standard minimum 12 month lease, with an attached RHS-LTOS Program Lease Rider that explains the RHS Program requirements and rights and responsibilities of the participants in the Program. Exhibit 8 – RHS-LTOS Program Lease Rider (model).
- f. The Lease Rider to be attached to each Tenant’s lease requires the Tenant to certify the Household’s Annual Income, and report changes in the Annual Income to the Developer, as applicable, on each occasion that the Tenant’s lease is to be renewed, informs the Tenant that increases in the Household Annual Income may result in an increase in the Tenant Contribution and states the amount of Tenant Contribution.
- g. Tenant Contributions are based on Tenant income, will be paid by the Tenant, and cannot be paid for by the Program.

- h. Developers are required to verify Annual Income of Tenants, prior to occupancy in the LTOS Program Unit and every year thereafter, at or prior to lease renewal. Developers will submit income certification information to IHDA for review.
- i. Developers will maintain confidentiality of Tenant income and eligibility information.
- i. Developers are required to notify IHDA if a Unit becomes vacant, and report on any subsequent efforts to fill the Unit with a new Tenant eligible under the LTOS Program guidelines. Assistance cannot be used for vacancies.
- j. The Developer will be responsible for producing a Tenant Bill of Rights, and assuring delivery of the Tenant Bill of Rights to all Tenants in the LTOS Program prior to occupancy. Attachment 8 – RHS-LTOS Information for Preparation of Tenant Bill of Rights. The information contained in the Tenant Bill of Rights shall include, at a minimum:
 - i. Contact information for the Developer and IHDA
 - ii. Eligibility requirements for participating in the LTOS program
 - iii. Rights and responsibilities of the Tenant
 - iv. State and local landlord/tenant laws and ordinances, procedures, and organizations with knowledge of such procedures,
 - v. General information on federal and state regulations on fair housing and housing accessibility for persons with disabilities, and contact information for organizations with such knowledge.
 - vi. For all pre-1978 constructed Units, the Tenant should receive a copy of the Lead Paint Hazards pamphlet.
- k. The Developer is responsible to assure that availability of assistance under the LTOS Program is marketed in the Service Area and outreach is extended to organizations serving the targeted Severely and Extremely Low-income and Special Needs households, as outlined in the Outreach Plan prepared by the Developer.
- l. Developers are responsible for reporting to the IHDA regarding the LTOS Program. This will include data concerning financial funding and usage, income certifications of Tenants, move-outs, move-ins, activities that change the monthly assistance needed, physical condition of Program Units, Tenant income, eligibility and characteristics, outreach efforts and related subjects as may be requested by IHDA. The timing and format of these reports may vary, be determined by IHDA, and outlined in agreements between IHDA and the Developer. This reporting will be submitted on form(s) provided by IHDA. Exhibit 11 – RHS-LTOS Applicant Monthly Activity Report Form.
- m. All disputes between Developer and Tenant or prospective Tenant concerning Annual Income or other eligibility requirements shall be initially resolved among the parties.

If the parties are unable to resolve the dispute, any of the parties involved may submit a written statement of their position and all relevant documentation to IHDA.

14. IHDA Responsibilities

- a. IHDA is responsible for project selection under the LTOS Program.
- b. If applicable, IHDA will undertake a construction review to ensure that the final plans and specifications are acceptable, conform to IHDA standards, meet required local, State and federal codes, and can be built as proposed. This review will take place prior to the LTOS grant closing. Additionally, IHDA may request documentation of other lenders' approval of the development plans.
- c. IHDA shall be required to view the condition of the Units in the LTOS Program at least annually. All Units, with associated common areas and grounds, will be inspected for compliance with HQS prior to initial LTOS Program Tenant occupancy, for any reason, such as a new Tenant or a Unit transfer, and bi-annually thereafter. Exhibit 1 – RHS-LTOS HQS Property Inspection Form – Full.
- d. In the alternate years, IHDA shall inspect a sampling of Units, to visually observe the satisfactory physical condition of the Units. If a building has three Units or less enrolled in the LTOS Program, all Units will be visually inspected in the alternate year. Exhibit 2 – RHS-LTOS HQS Property Inspection Form – Walk-Thru.
- e. If a Unit occupied by an eligible LTOS Program Tenant is determined to no longer meet HQS standards, IHDA will inform the Developer of a maximum thirty day period to bring the Unit into compliance. For serious health and safety issues, the Developer must bring the Unit into compliance within 72 hours. Failure to meet this standard will violate the Regulatory Agreement, will cause the Unit to be removed from the Unit and, if applicable, termination of the Grant Agreement.
- f. The Developer will make best efforts to find a replacement Unit for the eligible Household living in a Unit that no longer meets the HQS standards.
- g. IHDA will review the Tenant Selection Plan prepared by the Developer.
- h. IHDA will review income certification and leasing documentation submitted by Developer from each participating Tenant household at least annually.
- i. All disputes between Developer and Tenant or prospective Tenant concerning Annual Income or other eligibility requirements shall be initially resolved among the parties. If the parties are unable to resolve the dispute, any of the parties involved may submit a written statement of their position and all relevant documentation to IHDA. IHDA will review the documentation submitted to assist in resolving such disputes. Disputes between a Developer and Tenant, unrelated to LTOS Program eligibility will be resolved under the jurisdiction of local laws for tenant/landlord relations.

- j. Grant Agreements with Developers will contain the approved Unit Mix that will receive LTOS Program Rental Assistance. There may be circumstances during the LTOS Grant term that will require a deviation from the approved Unit Mix. IHDA will authorize transfers of Units in the event that it is necessary. If a Unit transfer is needed the Developer must submit Exhibit 9 – RHS-LTOS Unit Transfer Form.

15. Tenant Responsibilities, Tenant Contribution

- a. The Tenant is responsible to pay the Tenant Contribution to the Developer monthly and on time. Tenant's Contributions are the sole responsibility of the Tenant. The monthly Tenant Contribution, calculated and published by IHDA, is based on the size of the Unit and approximately 1/12th of 30% of the household's annual income within a designated range. Attachment 7 – RHS-LTOS Tenant Contribution Schedule.
- b. Utility costs may be the responsibility of the Developer or the Tenant. Utility costs paid by the Tenant will not be covered under the LTOS Program.
- c. The Tenant is responsible to comply with conditions established in the Lease and the Lease Rider. Exhibit 8 – RHS-LTOS Program Lease Rider (model).
- d. Households determined to be eligible under the program, will be required to submit updated income information annually, prior to lease renewal to determine continued eligibility under the LTOS program. Increases in income may result in an increase in the amount of the Tenant Contribution due from the Tenant, and decreases in income can decrease the contribution
- e. The Tenant is responsible to notify the Developer of changes in income during the year. The Developer will report to IHDA any changes in Tenant income. If applicable, changes in the Tenant Contribution as a result of increases (or decreases) in income will occur at the next subsequent recertification, based on applicable Tenant Contribution schedule. Interim changes to the Tenant Contribution will be reviewed by the Developer and IHDA.
- f. If a Tenant's income at the time of recertification and lease renewal increases above the current limit for 30% of Median Income for the household size in the area can choose from the following:
 - i. The Tenant, at the Tenant's choice, and subject to local tenant/landlord rules, will be permitted to remain in the unit at full rent payment, and the Developer can identify another Unit for participation in the LTOS Program, or
 - ii. Alternatively, the Tenant may remain in the Unit and pay a "Transition Contribution" for a period of one year following the current lease expiration. The Transition Contribution shall equal the Tenant's Contribution prior to the income increase above 30% of Median Income, plus one half the difference between the full rent on the Unit and Tenant Contribution portion. The Tenant's new lease shall reflect the new payment.

- iii. A Developer cannot designate an additional Unit for participation in the LTOS Program during the period a Tenant continues participation in the LTOS Program under the Transition Contribution.
- iv. Following the twelve month period under the Transition Contribution, the Tenant, at the Tenant's choice and subject to local tenant/landlord rules, will be permitted to remain in the Unit at full rent payment, and the Developer can identify another Unit for participation in the LTOS program.
- g. Tenants who experience significant decrease in income between the annual recertifications may request an interim income recertification. Only one interim income recertification can be processed per household between each annual income certification.

16. Flow of Assistance Payments and Reconciliation Reporting

- a. LTOS Grant payments will be made quarterly, in advance, to Developers, based on availability of funding and satisfactory submission of all required reporting. The difference between the approved Unit rent and the Tenant Contribution will be the LTOS Grant Rental Assistance payment. Developers shall not be paid LTOS Grants for the portion of the rent due from the Tenant.
- b. For the first two quarters of a Grant Agreement, LTOS Grant payments will be made to a Developer, in an amount equal to 100% of the Developer's negotiated rent on the program Units. Subsequent quarters' funding will be adjusted based on actual need as reported by Developers thru the Monthly Activity Report. Exhibit 11 – RHS-LTOS Applicant Monthly Activity Report Form.
- c. LTOS Grants will be paid to the Developer by IHDA for Units occupied by eligible Tenants. Grants paid in advance on unoccupied Units or Grants paid in excess of the actual assistance needed will be adjusted and reflected in the next quarter's Grant payment.
- d. Reporting from Developers will include, at a minimum, a list of Program Units for each of their properties participating in the Program; a list of Tenants currently in occupancy; a copy of Tenant Income Certification forms completed during the previous month and an accounting of the Program funds needed and unused for the previous month.
- e. After each funding year, a more accurate adjustment will be made to address any surplus amount resting with the Developer. This adjustment will take place in the first quarter of the following funding year. It is the intent to provide Developers with adequate advance LTOS funding, while minimizing the amount of surplus funding to a Project.

B. GLOSSARY OF RELEVANT TERM

The following are defined terms used in the RHS Program Guide and the Long Term Operating Support (LTOS) Program Guide.

- “Agency”:
The Illinois Housing Development Authority or a Municipality.
- “Allocation”:
An award of funds from the RHS Program to an LAA or a Developer.
- “Annual Adjustment Factor”:
The figure published annually by HUD to determine rent increases for purposes of Section 8 of the United States Housing Act of 1937 (42 USC 1437).
- “Annual Income”:
All amounts, monetary or not, received or anticipated to be received, from a source outside the Household, by or on behalf of, the head, spouse or co-head of the Household, or any other Household member over the age of 18, during the 12-month period following admission or the date of the most recent recertification of the Household income. Annual Income includes income from the family’s assets. The determination of Annual Income shall be made as provided in the HUD regulations governing Section 8 of the United States Housing Act of 1937 (42 USC 1437), 24 CFR 5.609(b) and (c) (2006), provided that imputed income from the Household’s assets shall not be included. Examples and instructions for the Application of these requirements shall be included in the applicable Agency’s Program Guide.
- “Developer”:
An entity or an individual (as a Developer) making an Application for the RHS Program or the LTOS Program.
- “Application”:
The Application form and attachments that a Developer must submit when applying for the RHS Program.
- “Appropriation”:
The annual appropriation of funds to the Illinois Department of Revenue for IHDA by the Illinois General Assembly for the RHS Program.

- “Median Income”:
The median income of the area in which the Unit is located, adjusted for family size, as such adjusted income and median income for the area are determined from time to time by HUD for purposes of Section 8 of the United States Housing Act of 1937 (42 USC 1437).
- “Authority”:
The Illinois Housing Development Authority.
- “Commitment”:
A contract executed by IHDA and an LAA or a Developer under which the IHDA agrees to provide an Allocation. Each Commitment shall contain a provision to the effect that the Agency shall not be obligated to provide funds under the Commitment if the Agency has not received adequate funds from an Appropriation or a Fund Distribution, as applicable.
- “Developer”:
The owner of a Project that has applied for or has been approved for funding under the LTOS Program. (see Developer)
- “Extremely Low-Income Household”:
A Household whose Annual Income is less than or equal to 30% of the Median Income.
- “Fiscal Year”:
The fiscal year of the State.
- “Fund Distribution”:
A distribution of funds from the Appropriation for a Fiscal Year to a Geographic Area.
- “Geographic Areas”:
The City of Chicago, Suburban Areas, Small Metropolitan Areas, and Rural Areas.
- “Grant Agreement”:
A contract executed by IHDA and a Developer under which the IHDA agrees to provide an Allocation. Each Grant Agreement shall contain a provision to the effect that the Agency shall not be obligated to provide funds under the Grant Agreement if the Agency has not received adequate funds from an Appropriation or a Fund Distribution, as applicable.
- “Household”:
A single person, family or unrelated persons living together.
- “Housing Quality Standards”:
Inspection standards for Units, based on federal Section 8 standards.

“HUD”:	The U.S. Department of Housing and Urban Development.
“IHDA”:	Illinois Housing Development Authority
“Income Range”:	A range of incomes published annually by IHDA that is used to determine the Tenant Contribution for Tenants.
“Landlord”:	An owner of one or more Units receiving or approved to receive Rental Assistance through an LAA. An LAA or subsidiary of an LAA may be a Landlord; provided, however, that the LAA must disclose its intention to be a Landlord, or appoint a subsidiary to be a Landlord, in its Application.
“LAA”:	A local administering agency that receives an Allocation to provide Rental Assistance.
“LTOS Program”:	The long term operating support program established under the RHS Program, to be used exclusively to provide long-term operating support to Developers of Projects that provide Units newly affordable to Extremely Low-income Households and Severely Low-income Households.
“LTOS Grant”:	The long term operating support given to a Project on an ongoing basis equal to the difference between the amount of the rent for the Unit and the estimated amount of the Tenant Contribution for Extremely Low and Severely Low-income for the defined period of the assistance.
“Maximum Rent”:	The maximum rent for a Unit, which shall be the greater of the maximum rent established under the federal Low Income Housing Tax Credit Program for a Unit rented by a Tenant with an annual income less than or equal to 60% of the Median Income and 120% of HUD’s fair market rent for the area in which the Unit is located.
“Municipality”:	A municipality with a population greater than 2,000,000.
“Municipality Program Guide”:	The guidelines published by a Municipality for funding made by such municipality under the RHS Program.

- “Plan for Services”:
The plan through which each prospective developer will provide information to Tenants on how to gain access to education, training, and other supportive services, and which sets forth the procedures for identifying and referring prospective Tenants to Landlords.
- “Program Guide”:
The guidelines published by IHDA explaining the RHS Program and providing additional information about various RHS Program requirements.
- “Project”:
A building or group of buildings that are financed under a common plan of financing.
- “Reconciliation”:
The determination of the difference between the amount of Rental Assistance payments made to Landlords or Developers and the amount of Rental Assistance payments the Landlords or the Developers were entitled to receive.
- “Rental Assistance”:
The amount paid to a Landlord or a Developer as a subsidy for a Unit approved for assistance under the RHS Program.
- “Rental Assistance Rider”:
The rider to be attached to each Tenant’s lease that describes the RHS Program, requires the Tenant to provide a certification of its Annual Income, notifies the Tenant that the Tenant must report changes in its Annual Income to the Landlord or Developer, as applicable, on each occasion that the Tenant’s lease is to be renewed, informs the Tenant that increases in Annual Income may result in an increase in the Tenant Contribution and sets forth the amount of the Tenant Contribution. The Rental Assistance Rider shall be included in the Program Guide or the Municipality’s Program Guide, as applicable.
- “Regulatory Agreement”:
A contract executed by IHDA and a Developer under which the Developer agrees to income and rent restrictions on LTOS Program Units. This document is recorded at LTOS Grant closing on the title of the subject Project. The Regulatory Agreement describes the Developer’s responsibilities and obligations to the Project including occupancy, rents, project reserves, income and special needs targeting, and reporting.
- “Reserve Fund”:
The fund established either by IHDA to provide a source of funds in the event that an annual Appropriation is not sufficient to provide adequate funding for existing Grant Agreements.

“RFA”:	A request for proposals by IHDA soliciting Applications from LAAs or Developers.
“RHS Program Act”:	The Rental Housing Support Program Act (310 ILCS 105).
“RHS Program”:	The Rental Housing Support Program authorized by the RHS Program Act.
“Rural Area”:	All areas of the State not specifically included in any other Geographic Area.
“Service Area”:	The geographic boundaries of the area to be served by an LAA.
“Severely Low-Income Household”:	A Household whose Annual Income is less than or equal to 15% of the Median Income.
“Small Metropolitan Areas”:	The Geographic Area that includes the municipalities of Bloomington-Normal, Champaign-Urbana, Decatur, DeKalb, Moline, Pekin, Peoria, Rantoul, Rockford, Rock Island, Springfield, and the counties of Madison and St. Clair.
“Special Needs Households”:	Households that are homeless or imminently at risk of becoming homeless; that are now or imminently at risk of living in institutional settings because of the unavailability of suitable housing; or that have one or more members with disabilities, including but not limited to physical disabilities, developmental disabilities, mental illness or HIV/AIDS.
“Suburban Areas”:	The Geographic Area that includes the counties of Cook (excluding Chicago), DuPage, Kane, Lake, McHenry, and Will.
“State”:	The State of Illinois.
“State Median Income”:	The State median income published by the U.S. Census Bureau in the most current decennial census.
“Tenant”:	A Household occupying a Unit.

- “Tenant Bill of Rights”: Information LAAs and Developers are required to provide to Tenants concerning how to contact the LAA; local landlord-Tenant laws and procedures; the housing rights of persons with disabilities; how to contact the local agency or agencies administering local landlord-Tenant laws and procedures or protecting or promoting such housing rights of persons with disabilities; eligibility requirements for participating in the RHS Program; and the rights and responsibilities of prospective Tenants prior to occupancy of a Unit.
- “Tenant Contribution”: The portion of the monthly rent for a Unit to be paid by the Tenant, which shall be approximately one twelfth of 30% of the median income for the Income Range in which the Tenant’s Annual Income falls, adjusted for unit size.
- “Tenant Income Certification”:
The form prescribed by IHDA and to be used by Landlords and Developers in determining and reporting a Tenant’s Annual Income to an LAA or IHDA, as applicable.
- “Tenant Selection Plan”: The written plan prepared by a Landlord or a Developer and approved by the LAA or IHDA, as applicable, which governs the selection of Tenants for a Unit or a Project.
- “Transitional Contribution”: The Tenant Contribution for Tenants whose income has exceeded the income limit for Extremely Low-income Households.
- “Unit”: A rental housing unit receiving Rental Assistance through an Allocation. A Unit may be a single family dwelling or an efficiency apartment, a single room occupancy unit, or a one bedroom or larger unit in a multifamily dwelling. Housing units intended as transitional or temporary housing, with a lease of less than twelve months do not qualify as Units.

**Illinois Housing Development Authority
Rental Housing Support Program**

**Calculation of Geographic Distribution of RHS Program Resources
Year 3 - FY2010**

Estimated Available Funding for Statewide RFP: \$8,000,000

**Geographic Area
Fund Distribution
for Statewide
RFP for RHS**

Metro Chicago	46%	\$3,680,000
Small Cities	26%	\$2,080,000
Rural	28%	\$2,240,000
Distribution Totals	100%	\$8,000,000

Each round of funding will cover three years.

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
HQS Standards**

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

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

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

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

Sec. 982.401 Housing quality standards (HQS).

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

- (a) Performance and acceptability requirements. (1) This section states the housing quality standards (HQS) for housing assisted in the programs.
- (2)(i) The HQS consist of:
- (A) Performance requirements; and
 - (B) Acceptability criteria or HUD approved variations in the acceptability criteria.
- (ii) This section states performance and acceptability criteria for these key aspects of housing quality:
- (A) Sanitary facilities;
 - (B) Food preparation and refuse disposal;
 - (C) Space and security;
 - (D) Thermal environment;
 - (E) Illumination and electricity;
 - (F) Structure and materials;
 - (G) Interior air quality;
 - (H) Water supply;
 - (I) Lead-based paint;
 - (J) Access;
 - (K) Site and neighborhood;
 - (L) Sanitary condition; and
 - (M) Smoke detectors.
- (3) All program housing must meet the HQS performance requirements both at commencement of assisted occupancy, and throughout the assisted tenancy.
- (4)(i) In addition to meeting HQS performance requirements, the housing must meet the acceptability criteria stated in this section, unless variations are approved by HUD.
- (ii) HUD may approve acceptability criteria variations for the following purposes:
- (A) Variations which apply standards in local housing codes or other codes adopted by the PHA; or

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

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

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

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

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

RHS Rental Limits

As of: 4/11/2018

Effective Date: 4/1/2018



Metro Group Desc	Metro Area Desc	County Name
Bloomington, IL MSA	Bloomington, IL HUD Metro FMR Area	McLean
	De Witt County, IL HUD Metro FMR Area	De Witt
Cape Girardeau, MO-IL MSA	Cape Girardeau, MO-IL MSA	Alexander
Carbondale-Marion, IL MSA	Jackson County, IL HUD Metro FMR Area	Jackson
	Williamson County, IL HUD Metro FMR Area	Williamson
Champaign-Urbana, IL MSA	Champaign-Urbana, IL MSA	Champaign
		Ford
		Piatt
Chicago-Naperville-Elgin, IL-IN-WI MSA	Chicago-Joliet-Naperville, IL HUD Metro FMR Area	Cook
		DuPage
		Kane
		Lake
		McHenry
		Will
DeKalb County, IL HUD Metro FMR Area	DeKalb County, IL HUD Metro FMR Area	DeKalb
		Grundv
		Kendall
Danville, IL MSA	Danville, IL MSA	Vermilion
Davenport-Moline-Rock Island, IA-IL MSA	Davenport-Moline-Rock Island, IA-IL MSA	Henry
		Mercer
		Rock Island
Decatur, IL MSA	Decatur, IL MSA	Macon
Kankakee, IL MSA	Kankakee, IL MSA	Kankakee
Peoria, IL MSA	Peoria, IL MSA	Marshall
		Peoria
		Stark
		Tazewell
		Woodford
Rockford, IL MSA	Rockford, IL MSA	Boone
Springfield, IL MSA	Springfield, IL MSA	Winnebago
		Menard
		Sangamon
St. Louis, MO-IL MSA	St. Louis, MO-IL HUD Metro FMR Area	Bond
		Macoupin
		Calhoun
		Clinton
		Jersev
		Madison
		Monroe
		St. Clair

Metro Area Rental Limits

Metro Group	Bloomington, IL MSA			Metro Area	Bloomington, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$963	\$1,031	\$1,237	\$1,475	\$1,841	\$2,117

Metro Group	Bloomington, IL MSA			Metro Area	De Witt County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$750	\$804	\$964	\$1,114	\$1,243	\$1,371

Metro Group	Cape Girardeau, MO-IL MSA			Metro Area	Cape Girardeau, MO-IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$679	\$727	\$873	\$1,210	\$1,343	\$1,544

Metro Group	Carbondale-Marion, IL MSA			Metro Area	Jackson County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,158	\$1,164	\$1,339

Metro Group	Carbondale-Marion, IL MSA			Metro Area	Williamson County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$673	\$721	\$865	\$1,156	\$1,471	\$1,692

Metro Group	Champaign-Urbana, IL MSA			Metro Area	Champaign-Urbana, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$813	\$871	\$1,045	\$1,291	\$1,663	\$1,913

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	Chicago-Joliet-Naperville, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,055	\$1,217	\$1,416	\$1,801	\$2,153	\$2,476

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	DeKalb County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$786	\$864	\$1,150	\$1,591	\$1,910	\$2,197

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	Grundy County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$888	\$976	\$1,297	\$1,760	\$1,766	\$2,031

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	Kendall County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,098	\$1,105	\$1,470	\$2,138	\$2,590	\$2,978

Metro Group	Danville, IL MSA			Metro Area	Danville, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$889	\$1,115	\$1,247	\$1,434

Metro Group	Davenport-Moline-Rock Island, IA-IL MSA			Metro Area	Davenport-Moline-Rock Island, IA-IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$760	\$814	\$976	\$1,216	\$1,364	\$1,569

Metro Group	Decatur, IL MSA			Metro Area	Decatur, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$700	\$750	\$917	\$1,258	\$1,280	\$1,472

Metro Group	Kankakee, IL MSA			Metro Area	Kankakee, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$714	\$802	\$1,067	\$1,447	\$1,729	\$1,989

Metro Group	Peoria, IL MSA			Metro Area	Peoria, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$801	\$858	\$1,029	\$1,193	\$1,354	\$1,557

Metro Group	Rockford, IL MSA			Metro Area	Rockford, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$696	\$745	\$932	\$1,256	\$1,356	\$1,559

Metro Group	Springfield, IL MSA			Metro Area	Springfield, IL MSA	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$825	\$883	\$1,060	\$1,280	\$1,366	\$1,553

Metro Group	St. Louis, MO-IL MSA			Metro Area	Bond County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$700	\$750	\$901	\$1,085	\$1,328	\$1,528

Metro Group	St. Louis, MO-IL MSA			Metro Area	Macoupin County, IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$682	\$731	\$877	\$1,097	\$1,157	\$1,330

Metro Group	St. Louis, MO-IL MSA			Metro Area	St. Louis, MO-IL HUD Metro FMR Area	
Schedule Type		Effective Date		Schedule Description		
RHS		04/01/2018		RHS 04/01/2018		
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$807	\$864	\$1,075	\$1,424	\$1,666	\$1,915

Non-Metro Area Rental Limits

Schedule Type		Effective Date		Schedule Description		County
RHS		04/01/2018		RHS 04/01/2018		Adams
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,112	\$1,150	\$1,322
RHS		04/01/2018		RHS 04/01/2018		Brown
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$1,003	\$1,144	\$1,504	\$1,945	\$2,179	\$2,506
RHS		04/01/2018		RHS 04/01/2018		Bureau
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$699	\$748	\$912	\$1,144	\$1,242	\$1,428
RHS		04/01/2018		RHS 04/01/2018		Carroll
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,008	\$1,157	\$1,330
RHS		04/01/2018		RHS 04/01/2018		Cass
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,157	\$1,198	\$1,377
RHS		04/01/2018		RHS 04/01/2018		Christian
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,026	\$1,135	\$1,305
RHS		04/01/2018		RHS 04/01/2018		Clark
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,055	\$1,416	\$1,628
RHS		04/01/2018		RHS 04/01/2018		Clay
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,015	\$1,157	\$1,330
RHS		04/01/2018		RHS 04/01/2018		Coles
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$865	\$1,213	\$1,322	\$1,521

RHS		04/01/2018		RHS 04/01/2018		Crawford
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$727	\$779	\$934	\$1,080	\$1,204	\$1,329

RHS		04/01/2018		RHS 04/01/2018		Cumberland
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,008	\$1,343	\$1,544

RHS		04/01/2018		RHS 04/01/2018		Douglas
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$718	\$769	\$922	\$1,114	\$1,200	\$1,380

RHS		04/01/2018		RHS 04/01/2018		Edgar
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,044	\$1,113	\$1,260

RHS		04/01/2018		RHS 04/01/2018		Edwards
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,008	\$1,181	\$1,358

RHS		04/01/2018		RHS 04/01/2018		Effingham
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$732	\$784	\$942	\$1,170	\$1,285	\$1,478

RHS		04/01/2018		RHS 04/01/2018		Fayette
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,036	\$1,117	\$1,285

RHS		04/01/2018		RHS 04/01/2018		Franklin
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,012	\$1,129	\$1,299

RHS		04/01/2018		RHS 04/01/2018		Fulton
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,106	\$1,342	\$1,543

RHS		04/01/2018		RHS 04/01/2018		Gallatin
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,153	\$1,157	\$1,330

RHS		04/01/2018		RHS 04/01/2018		Greene
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms

RHS	\$672	\$720	\$864	\$1,046	\$1,238	\$1,424
RHS	04/01/2018	RHS 04/01/2018			Hamilton	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,027	\$1,180	\$1,357
RHS	04/01/2018	RHS 04/01/2018			Hancock	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,008	\$1,172	\$1,348
RHS	04/01/2018	RHS 04/01/2018			Hardin	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,080	\$1,157	\$1,330
RHS	04/01/2018	RHS 04/01/2018			Henderson	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,012	\$1,156	\$1,329
RHS	04/01/2018	RHS 04/01/2018			Iroquois	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,054	\$1,403	\$1,613
RHS	04/01/2018	RHS 04/01/2018			Jasper	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$739	\$792	\$949	\$1,153	\$1,224	\$1,350
RHS	04/01/2018	RHS 04/01/2018			Jefferson	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,048	\$1,176	\$1,352
RHS	04/01/2018	RHS 04/01/2018			Jo Daviess	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$727	\$779	\$934	\$1,128	\$1,249	\$1,437
RHS	04/01/2018	RHS 04/01/2018			Johnson	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,033	\$1,187	\$1,365

RHS		04/01/2018		RHS 04/01/2018		Knox
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,018	\$1,113	\$1,260

RHS		04/01/2018		RHS 04/01/2018		La Salle
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$717	\$768	\$937	\$1,330	\$1,427	\$1,641

RHS		04/01/2018		RHS 04/01/2018		Lawrence
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,008	\$1,113	\$1,260

RHS		04/01/2018		RHS 04/01/2018		Lee
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$721	\$773	\$928	\$1,121	\$1,260	\$1,449

RHS		04/01/2018		RHS 04/01/2018		Livingston
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$735	\$787	\$945	\$1,142	\$1,218	\$1,383

RHS		04/01/2018		RHS 04/01/2018		Logan
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$711	\$762	\$915	\$1,120	\$1,179	\$1,354

RHS		04/01/2018		RHS 04/01/2018		Marion
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,056	\$1,113	\$1,278

RHS		04/01/2018		RHS 04/01/2018		Mason
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,078	\$1,170	\$1,346

RHS		04/01/2018		RHS 04/01/2018		Massac
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$912	\$1,144	\$1,320	\$1,518

RHS		04/01/2018		RHS 04/01/2018		McDonough
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$699	\$748	\$898	\$1,102	\$1,231	\$1,416

RHS		04/01/2018		RHS 04/01/2018		Montgomery
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms

RHS	\$672	\$720	\$864	\$1,030	\$1,183	\$1,361
RHS	04/01/2018	RHS 04/01/2018			Morgan	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$687	\$736	\$883	\$1,072	\$1,138	\$1,260
RHS	04/01/2018	RHS 04/01/2018			Moultrie	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,081	\$1,262	\$1,452
RHS	04/01/2018	RHS 04/01/2018			Ogle	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$759	\$813	\$975	\$1,192	\$1,388	\$1,597
RHS	04/01/2018	RHS 04/01/2018			Perry	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,036	\$1,176	\$1,352
RHS	04/01/2018	RHS 04/01/2018			Pike	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,028	\$1,113	\$1,260
RHS	04/01/2018	RHS 04/01/2018			Pope	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,153	\$1,157	\$1,330
RHS	04/01/2018	RHS 04/01/2018			Pulaski	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,135	\$1,157	\$1,330
RHS	04/01/2018	RHS 04/01/2018			Putnam	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$817	\$876	\$1,051	\$1,214	\$1,354	\$1,494
RHS	04/01/2018	RHS 04/01/2018			Randolph	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$679	\$728	\$874	\$1,046	\$1,273	\$1,464

RHS		04/01/2018		RHS 04/01/2018		Richland
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,060	\$1,268	\$1,459

RHS		04/01/2018		RHS 04/01/2018		Saline
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,091	\$1,113	\$1,260

RHS		04/01/2018		RHS 04/01/2018		Schuyler
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,012	\$1,157	\$1,330

RHS		04/01/2018		RHS 04/01/2018		Scott
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$675	\$723	\$867	\$1,008	\$1,117	\$1,260

RHS		04/01/2018		RHS 04/01/2018		Shelby
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,118	\$1,282	\$1,474

RHS		04/01/2018		RHS 04/01/2018		Stephenson
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,012	\$1,158	\$1,332

RHS		04/01/2018		RHS 04/01/2018		Union
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,112	\$1,409	\$1,620

RHS		04/01/2018		RHS 04/01/2018		Wabash
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$690	\$738	\$886	\$1,103	\$1,141	\$1,268

RHS		04/01/2018		RHS 04/01/2018		Warren
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,045	\$1,120	\$1,288

RHS		04/01/2018		RHS 04/01/2018		Washington
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$739	\$792	\$949	\$1,097	\$1,224	\$1,350

RHS		04/01/2018		RHS 04/01/2018		Wayne
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms

RHS	\$672	\$720	\$864	\$1,008	\$1,113	\$1,274
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RHS	04/01/2018	RHS 04/01/2018			White	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,055	\$1,208	\$1,390

RHS	04/01/2018	RHS 04/01/2018			Whiteside	
	Studio	1 Bedroom	2 Bedrooms	3 Bedrooms	4 Bedrooms	5 Bedrooms
RHS	\$672	\$720	\$864	\$1,090	\$1,226	\$1,410

RHS Income Limits

As of: 4/11/2018

Effective Date: 4/1/2018



Metro Group Desc	Metro Area Desc	County Name
Bloomington, IL MSA	Bloomington, IL HUD Metro FMR Area	McLean
	De Witt County, IL HUD Metro FMR Area	De Witt
Cape Girardeau, MO-IL MSA	Cape Girardeau, MO-IL MSA	Alexander
Carbondale-Marion, IL MSA	Jackson County, IL HUD Metro FMR Area	Jackson
	Williamson County, IL HUD Metro FMR Area	Williamson
Champaign-Urbana, IL MSA	Champaign-Urbana, IL MSA	Champaign
		Ford
		Piatt
Chicago-Naperville-Elgin, IL-IN-WI MSA	Chicago-Joliet-Naperville, IL HUD Metro FMR Area	Cook
		DuPage
		Kane
		Lake
		McHenry
		Will
DeKalb County, IL HUD Metro FMR Area	DeKalb County, IL HUD Metro FMR Area	DeKalb
		Grundv
		Kendall
Danville, IL MSA	Danville, IL MSA	Vermilion
Davenport-Moline-Rock Island, IA-IL MSA	Davenport-Moline-Rock Island, IA-IL MSA	Henry
		Mercer
		Rock Island
Decatur, IL MSA	Decatur, IL MSA	Macon
Kankakee, IL MSA	Kankakee, IL MSA	Kankakee
Peoria, IL MSA	Peoria, IL MSA	Marshall
		Peoria
		Stark
		Tazewell
		Woodford
Rockford, IL MSA	Rockford, IL MSA	Boone
Springfield, IL MSA	Springfield, IL MSA	Winnebago
		Menard
		Sangamon
St. Louis, MO-IL MSA	St. Louis, MO-IL HUD Metro FMR Area	Bond
		Macoupin
		Calhoun
		Clinton
		Jersev
		Madison
		Monroe
		St. Clair

Metro Area Income Limits

Metro Group	Bloomington, IL MSA			Metro Area	Bloomington, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$19,260	\$21,990	\$24,750	\$27,480	\$29,700	\$31,890	\$34,080	\$36,300
15%	\$9,630	\$10,995	\$12,375	\$13,740	\$14,850	\$15,945	\$17,040	\$18,150

Metro Group	Bloomington, IL MSA			Metro Area	De Witt County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$15,000	\$17,160	\$19,290	\$21,420	\$23,160	\$24,870	\$26,580	\$28,290
15%	\$7,500	\$8,580	\$9,645	\$10,710	\$11,580	\$12,435	\$13,290	\$14,145

Metro Group	Cape Girardeau, MO-IL MSA			Metro Area	Cape Girardeau, MO-IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,590	\$15,510	\$17,460	\$19,380	\$20,940	\$22,500	\$24,060	\$25,590
15%	\$6,795	\$7,755	\$8,730	\$9,690	\$10,470	\$11,250	\$12,030	\$12,795

Metro Group	Carbondale-Marion, IL MSA			Metro Area	Jackson County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

Metro Group	Carbondale-Marion, IL MSA			Metro Area	Williamson County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,470	\$15,390	\$17,310	\$19,230	\$20,790	\$22,320	\$23,850	\$25,410
15%	\$6,735	\$7,695	\$8,655	\$9,615	\$10,395	\$11,160	\$11,925	\$12,705

Metro Group	Champaign-Urbana, IL MSA			Metro Area	Champaign-Urbana, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$16,260	\$18,600	\$20,910	\$23,220	\$25,080	\$26,940	\$28,800	\$30,660
15%	\$8,130	\$9,300	\$10,455	\$11,610	\$12,540	\$13,470	\$14,400	\$15,330

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	Chicago-Joliet-Naperville, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$17,790	\$20,310	\$22,860	\$25,380	\$27,420	\$29,460	\$31,500	\$33,510
15%	\$8,895	\$10,155	\$11,430	\$12,690	\$13,710	\$14,730	\$15,750	\$16,755

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	DeKalb County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$15,720	\$17,970	\$20,220	\$22,440	\$24,240	\$26,040	\$27,840	\$29,640
15%	\$7,860	\$8,985	\$10,110	\$11,220	\$12,120	\$13,020	\$13,920	\$14,820

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	Grundy County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$17,760	\$20,280	\$22,830	\$25,350	\$27,390	\$29,430	\$31,440	\$33,480
15%	\$8,880	\$10,140	\$11,415	\$12,675	\$13,695	\$14,715	\$15,720	\$16,740

Metro Group	Chicago-Naperville-Elgin, IL-IN-WI MSA			Metro Area	Kendall County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$20,100	\$22,980	\$25,860	\$28,710	\$31,020	\$33,330	\$35,610	\$37,920
15%	\$10,050	\$11,490	\$12,930	\$14,355	\$15,510	\$16,665	\$17,805	\$18,960

Metro Group	Danville, IL MSA			Metro Area	Danville, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

Metro Group	Davenport-Moline-Rock Island, IA-IL MSA			Metro Area	Davenport-Moline-Rock Island, IA-IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$15,210	\$17,370	\$19,530	\$21,690	\$23,430	\$25,170	\$26,910	\$28,650
15%	\$7,605	\$8,685	\$9,765	\$10,845	\$11,715	\$12,585	\$13,455	\$14,325

Metro Group	Decatur, IL MSA			Metro Area	Decatur, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,010	\$16,020	\$18,030	\$20,010	\$21,630	\$23,220	\$24,840	\$26,430
15%	\$7,005	\$8,010	\$9,015	\$10,005	\$10,815	\$11,610	\$12,420	\$13,215

Metro Group	Kankakee, IL MSA			Metro Area	Kankakee, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,280	\$16,320	\$18,360	\$20,370	\$22,020	\$23,640	\$25,260	\$26,910
15%	\$7,140	\$8,160	\$9,180	\$10,185	\$11,010	\$11,820	\$12,630	\$13,455

Metro Group	Peoria, IL MSA			Metro Area	Peoria, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$16,020	\$18,300	\$20,580	\$22,860	\$24,690	\$26,520	\$28,350	\$30,180
15%	\$8,010	\$9,150	\$10,290	\$11,430	\$12,345	\$13,260	\$14,175	\$15,090

Metro Group	Rockford, IL MSA			Metro Area	Rockford, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,920	\$15,900	\$17,880	\$19,860	\$21,450	\$23,040	\$24,630	\$26,220
15%	\$6,960	\$7,950	\$8,940	\$9,930	\$10,725	\$11,520	\$12,315	\$13,110

Metro Group	Springfield, IL MSA			Metro Area	Springfield, IL MSA			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$16,500	\$18,840	\$21,210	\$23,550	\$25,440	\$27,330	\$29,220	\$31,110
15%	\$8,250	\$9,420	\$10,605	\$11,775	\$12,720	\$13,665	\$14,610	\$15,555

Metro Group	St. Louis, MO-IL MSA			Metro Area	Bond County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,010	\$16,020	\$18,030	\$20,010	\$21,630	\$23,220	\$24,840	\$26,430
15%	\$7,005	\$8,010	\$9,015	\$10,005	\$10,815	\$11,610	\$12,420	\$13,215

Metro Group	St. Louis, MO-IL MSA			Metro Area	Macoupin County, IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,650	\$15,600	\$17,550	\$19,500	\$21,060	\$22,620	\$24,180	\$25,740
15%	\$6,825	\$7,800	\$8,775	\$9,750	\$10,530	\$11,310	\$12,090	\$12,870

Metro Group	St. Louis, MO-IL MSA			Metro Area	St. Louis, MO-IL HUD Metro FMR Area			
Schedule Type			Effective Date		Schedule Description			
RHS			04/01/2018		RHS 04/01/2018			
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$16,140	\$18,450	\$20,760	\$23,040	\$24,900	\$26,730	\$28,590	\$30,420
15%	\$8,070	\$9,225	\$10,380	\$11,520	\$12,450	\$13,365	\$14,295	\$15,210

Non-Metro Area Income Limits

Schedule Type		Effective Date			Schedule Description		County	
RHS		04/01/2018			RHS 04/01/2018		Adams	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Brown	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$15,330	\$17,520	\$19,710	\$21,900	\$23,670	\$25,410	\$27,180	\$28,920
15%	\$7,665	\$8,760	\$9,855	\$10,950	\$11,835	\$12,705	\$13,590	\$14,460

RHS		04/01/2018			RHS 04/01/2018		Bureau	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,980	\$15,960	\$17,970	\$19,950	\$21,570	\$23,160	\$24,750	\$26,340
15%	\$6,990	\$7,980	\$8,985	\$9,975	\$10,785	\$11,580	\$12,375	\$13,170

RHS		04/01/2018			RHS 04/01/2018		Carroll	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Cass	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Christian	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Clark	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Clay	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Coles	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Crawford	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,550	\$16,620	\$18,690	\$20,760	\$22,440	\$24,090	\$25,770	\$27,420
15%	\$7,275	\$8,310	\$9,345	\$10,380	\$11,220	\$12,045	\$12,885	\$13,710

	RHS		04/01/2018		RHS 04/01/2018		Cumberland	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Douglas	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,370	\$16,410	\$18,450	\$20,490	\$22,140	\$23,790	\$25,410	\$27,060
15%	\$7,185	\$8,205	\$9,225	\$10,245	\$11,070	\$11,895	\$12,705	\$13,530

	RHS		04/01/2018		RHS 04/01/2018		Edgar	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Edwards	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Effingham	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,640	\$16,740	\$18,840	\$20,910	\$22,590	\$24,270	\$25,950	\$27,630
15%	\$7,320	\$8,370	\$9,420	\$10,455	\$11,295	\$12,135	\$12,975	\$13,815

	RHS		04/01/2018		RHS 04/01/2018		Fayette	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Franklin	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320

15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660
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RHS		04/01/2018			RHS 04/01/2018		Fulton	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Gallatin	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Greene	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Hamilton	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Hancock	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Hardin	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Henderson	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Iroquois	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Jasper	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,790	\$16,890	\$18,990	\$21,090	\$22,800	\$24,480	\$26,160	\$27,840
15%	\$7,395	\$8,445	\$9,495	\$10,545	\$11,400	\$12,240	\$13,080	\$13,920

	RHS		04/01/2018		RHS 04/01/2018		Jefferson	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Jo Daviess	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,550	\$16,620	\$18,690	\$20,760	\$22,440	\$24,090	\$25,770	\$27,420
15%	\$7,275	\$8,310	\$9,345	\$10,380	\$11,220	\$12,045	\$12,885	\$13,710

	RHS		04/01/2018		RHS 04/01/2018		Johnson	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Knox	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		La Salle	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,340	\$16,380	\$18,420	\$20,460	\$22,110	\$23,760	\$25,380	\$27,030
15%	\$7,170	\$8,190	\$9,210	\$10,230	\$11,055	\$11,880	\$12,690	\$13,515

	RHS		04/01/2018		RHS 04/01/2018		Lawrence	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Lee	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person

30%	\$14,430	\$16,500	\$18,570	\$20,610	\$22,260	\$23,910	\$25,560	\$27,210
15%	\$7,215	\$8,250	\$9,285	\$10,305	\$11,130	\$11,955	\$12,780	\$13,605

RHS		04/01/2018			RHS 04/01/2018		Livingston	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,700	\$16,800	\$18,900	\$21,000	\$22,680	\$24,360	\$26,040	\$27,720
15%	\$7,350	\$8,400	\$9,450	\$10,500	\$11,340	\$12,180	\$13,020	\$13,860

RHS		04/01/2018			RHS 04/01/2018		Logan	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,220	\$16,260	\$18,300	\$20,310	\$21,960	\$23,580	\$25,200	\$26,820
15%	\$7,110	\$8,130	\$9,150	\$10,155	\$10,980	\$11,790	\$12,600	\$13,410

RHS		04/01/2018			RHS 04/01/2018		Marion	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Mason	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Massac	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		McDonough	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,980	\$15,960	\$17,970	\$19,950	\$21,570	\$23,160	\$24,750	\$26,340
15%	\$6,990	\$7,980	\$8,985	\$9,975	\$10,785	\$11,580	\$12,375	\$13,170

RHS		04/01/2018			RHS 04/01/2018		Montgomery	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Morgan	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,740	\$15,720	\$17,670	\$19,620	\$21,210	\$22,770	\$24,330	\$25,920
15%	\$6,870	\$7,860	\$8,835	\$9,810	\$10,605	\$11,385	\$12,165	\$12,960

	RHS		04/01/2018		RHS 04/01/2018		Moultrie	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Ogle	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$15,180	\$17,340	\$19,500	\$21,660	\$23,400	\$25,140	\$26,880	\$28,620
15%	\$7,590	\$8,670	\$9,750	\$10,830	\$11,700	\$12,570	\$13,440	\$14,310

	RHS		04/01/2018		RHS 04/01/2018		Perry	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Pike	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Pope	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Pulaski	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Putnam	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$16,350	\$18,690	\$21,030	\$23,340	\$25,230	\$27,090	\$28,950	\$30,810
15%	\$8,175	\$9,345	\$10,515	\$11,670	\$12,615	\$13,545	\$14,475	\$15,405

	RHS		04/01/2018		RHS 04/01/2018		Randolph	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person

30%	\$13,590	\$15,540	\$17,490	\$19,410	\$20,970	\$22,530	\$24,090	\$25,650
15%	\$6,795	\$7,770	\$8,745	\$9,705	\$10,485	\$11,265	\$12,045	\$12,825

RHS		04/01/2018			RHS 04/01/2018		Richland	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Saline	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Schuyler	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Scott	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,500	\$15,420	\$17,340	\$19,260	\$20,820	\$22,350	\$23,910	\$25,440
15%	\$6,750	\$7,710	\$8,670	\$9,630	\$10,410	\$11,175	\$11,955	\$12,720

RHS		04/01/2018			RHS 04/01/2018		Shelby	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Stephenson	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

RHS		04/01/2018			RHS 04/01/2018		Union	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Wabash	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,800	\$15,750	\$17,730	\$19,680	\$21,270	\$22,830	\$24,420	\$25,980
15%	\$6,900	\$7,875	\$8,865	\$9,840	\$10,635	\$11,415	\$12,210	\$12,990

	RHS		04/01/2018		RHS 04/01/2018		Warren	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Washington	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$14,790	\$16,890	\$18,990	\$21,090	\$22,800	\$24,480	\$26,160	\$27,840
15%	\$7,395	\$8,445	\$9,495	\$10,545	\$11,400	\$12,240	\$13,080	\$13,920

	RHS		04/01/2018		RHS 04/01/2018		Wayne	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		White	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

	RHS		04/01/2018		RHS 04/01/2018		Whiteside	
	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
30%	\$13,440	\$15,360	\$17,280	\$19,170	\$20,730	\$22,260	\$23,790	\$25,320
15%	\$6,720	\$7,680	\$8,640	\$9,585	\$10,365	\$11,130	\$11,895	\$12,660

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

(Inclusions and Exclusions)

INCOME INCLUSIONS

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

(b) If the welfare assistance payment includes an amount specifically designated for shelter and utilities the household is ineligible for the Rental Housing Support Program. Households cannot receive other housing assistance while participating in the Rental Housing Support Program.

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

INCOME EXCLUSIONS

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

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

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

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
LONG TERM OPERATING SUPPORT PROGRAM
DEFINITION OF ASSETS

(Inclusions and Exclusions)

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

Asset Inclusions

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

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

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

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

Example – Withdrawals from a Keogh Account

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

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

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

Example – Retirement Benefits as Lump-Sum and Periodic Payments

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

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

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

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

- (b) This combined figure needs to be separated into the principal and interest portions of the payment. (This can be done by referring to an amortization schedule that relates to the specific term and interest rate of the mortgage.)
- (c) To count the actual income for this asset, use the interest portion due, based on the amortization schedule, for the 12-month period following the certification.

Asset Exclusions

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

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

Example – Assets that are Part of an Active Business

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

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

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

Example – Assets not Effectively Owned by the Applicant

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

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

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

Example

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

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

ILLINOIS HOUSING DEVELOPMENT AUTHORITY
Rental Housing Support Program
Tenant Contribution Schedule
Long Term Operating Support Program

<i>Annual Income</i>	Monthly Tenant Contribution By Bedroom Type						<i>Household's Rent to Income Ratio for 2 br.</i>	
	<u>0 br.</u>	<u>1 br.</u>	<u>2 br.</u>	<u>3 br.</u>	<u>4 br.</u>	<u>5 br.</u>	Lowest Income	Highest Income
\$0 - \$4,999	\$49	\$53	\$63	\$72	\$81	\$90	N/A	15.1%
\$5,000 - \$9,999	\$146	\$157	\$188	\$213	\$243	\$268	45.1%	22.6%
\$10,000 - \$14,999	\$244	\$261	\$313	\$355	\$404	\$445	37.6%	25.0%
\$15,000 - \$19,999	\$341	\$365	\$438	\$497	\$565	\$623	35.0%	26.3%
\$20,000 - \$24,999	\$438	\$470	\$563	\$639	\$727	\$801	33.8%	27.0%
\$25,000 - \$29,999	\$535	\$574	\$688	\$781	\$888	\$979	33.0%	27.5%
\$30,000 - \$34,999	\$633	\$678	\$813	\$923	\$1,050	\$1,157	32.5%	27.9%

Chicago Rent Structure by Unit Size and Household Income Range

Unit Size	0- 15% AMI Rent	16- 30 % AMI Rent
SRO / Studio	\$130	\$265
1 bedroom	\$140	\$285
2 bedroom	\$170	\$340
3 bedroom	\$200	\$390
4 bedroom	\$220	\$440
5 bedroom	\$240	\$485

Rental Housing Support Program

Information to assist in the creation of the Tenant Bill of Rights

Information that must be included in the Tenant Bill of Rights:

1. how to contact the LAA or LTOS development staff;
2. local Landlord-Tenant laws and procedures
3. the housing rights of persons with disabilities;
4. how to contact the local agency or agencies administering local Landlord-Tenant laws and procedures or protecting or promoting such housing rights of persons with disabilities;
5. eligibility requirements for participating in the RHS Program
6. the rights and responsibilities of prospective Tenants prior to occupancy of a Unit.

Please note:

Be careful when reading housing laws because the RHS program is not funded by some sources that are generally covered by some of them. Fair housing laws dealing with rental housing can sometimes be related specifically to HUD funded, or IHDA funding from loans and mortgages and generally add more protections for the tenant. The RHS program is not bound by those laws because its funding source is through state fees and is not federally funded.

The Federal Fair Housing Act will cover most housing in the RHS program.

Basic Facts About The Fair Housing Act

What Housing Is Covered?

The Fair Housing Act covers most housing. In some circumstances, the Act exempts owner-occupied buildings with no more than four units, single-family housing sold or rented without the use of a broker, and housing operated by organizations and private clubs that limit occupancy to members.

What is Prohibited?

In the Sale and Rental of Housing: No one may take any of the following actions based on race, color, national origin, religion, sex, familial status or handicap:

- Refuse to rent or sell housing

Attachment in Compliance Manual

- Refuse to negotiate for housing
- Make housing unavailable
- Deny a dwelling
- Set different terms, conditions or privileges for sale or rental of a dwelling
- Provide different housing services or facilities
- Falsely deny that housing is available for inspection, sale, or rental
- For profit, persuade owners to sell or rent (blockbusting) or
- Deny anyone access to or membership in a facility or service (such as a multiple listing service) related to the sale or rental of housing

Additional Protection if You Have a Disability

If you or someone associated with you:

- Have a physical or mental disability (including hearing, mobility and visual impairments, chronic alcoholism, chronic mental illness, AIDS, AIDS Related Complex and mental retardation) that substantially limits one or more major life activities
- Have a record of such a disability or
- Are regarded as having such a disability

your landlord may not:

- Refuse to let you make reasonable modifications to your dwelling or common use areas, at your expense, if necessary for the disabled person to use the housing. (Where reasonable, the landlord may permit changes only if you agree to restore the property to its original condition when you move.)
- Refuse to make reasonable accommodations in rules, policies, practices or services if necessary for the disabled person to use the housing.

However, housing need not be made available to a person who is a direct threat to the health or safety of others or who currently uses illegal drugs

More information can be found at:

http://www.thehousing.org/fair_housing_laws/fha_facts.php

Fair Housing law in Illinois prohibits discrimination against the classes below:

race, color, religion, sex, national origin, handicap, familial status of those seeking housing, sexual orientation, marital status, military status, age and ancestry

Eligibility Information

Attachment in Compliance Manual

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

Rights and Responsibilities

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

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

Appeals:

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

Confidentiality:

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

Fraud:

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

Inspection Form - Full

Unit Number _____

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

B. Summary Decision on the Unit

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

- No deficiencies**
No deficiencies were found.

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

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

Unit Size: Count the number of bedrooms.

Year Constructed:

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

C. How to Fill Out This Checklist

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

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

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

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

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

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

1. Living room

1.1 Living Room Present

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

1.2 Electricity

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

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

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

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

1.3 Electrical Hazards

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

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

1.4 Security

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

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

1.5 Window Condition

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

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

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

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

1.6 Ceiling Condition

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

1.7 Wall Condition

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

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

1.8 Floor Condition

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

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

1.9 Lead-Based Paint

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

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

2. Kitchen

2.1 Kitchen Area Present

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

2.11 Refrigerator

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

A refrigerator is not working if it will not maintain a temperature low

separate room or an area or a larger room (for example, a kitchen area in an efficiency apartment).

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

2.2. Electricity

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

2.5 Window Condition

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

2.10 Stove or Range with Oven

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

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

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

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

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

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

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

2.12 Sink

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

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

2.13 Space for Storage, Preparation, and Serving of Food

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

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

3. Bathroom

3.1 Bathroom Present

Most units have easily identifiable bathrooms (i.e. a separate room with toilet, washbasin and tub or shower). In some cases, however, you will encounter units with scattered bathroom facilities (i.e. toilet, washbasin and tub or shower located in separate parts of the unit). At a minimum, there must be an enclosure around the toilet. In this case, count the enclosure around the toilet as the bathroom and proceed with 3.2-3.9 below, with respect to this enclosure. If there is more than one bathroom that is normally used, rate the one that is in best condition for Part 2. If there is a second bathroom that is also used, complete Part 4.

3.11 Fixed Wash Basin or Lavatory in Unit

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

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

Part 3. If there is a second bathroom that is also used, complete Part 4 of the checklist for this room. (See inspection Manual for additional notes on rating the second bathroom.)

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

3.2 Electricity

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

3.3 Electrical Hazards

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

3.5 Window Condition

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

3.7 Wall Condition

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

3.8 Floor Condition

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

3.10 Flush Toilet in Enclosed Room in Unit

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

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

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

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

the water to the unit or the hot water unit has been turned off, check "Inconclusive." Obtain verification from owner and manager that the system is in working condition.

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

3.12 Tub or Shower in Unit

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

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

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

3.13 Ventilation

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

4. Other Room Used for Living and Halls

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

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

Definition of "used for living." Rooms "Used for living" are areas of the unit that are walked through or lived in on a regular basis. Do not include rooms or other areas that have been permanently, or near permanently, closed off or areas that are infrequently entered. For example, do not include a utility room, attached shed, attached closed-in porch, basement, or garage if they are closed off from the main living

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

4.2 Electricity/Illumination

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

4.5 Window Condition

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

area or are infrequently entered. Do not include any of these areas if they are frequently used (e.g., a finished basement/playroom, a closed-in porch that is used as a bedroom during summer months). Occasional use of a washer or dryer in an otherwise unused room does not constitute regular use.

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

4.1 Room Code and Location

Enter the appropriate room code given below:

Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

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

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

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

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

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

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

4.6 Smoke Detectors

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

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

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

Additional Notes

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

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

5. Secondary Rooms (Rooms not used for living)

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

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

5.1 None

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

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

Additional Note

6.4 Condition of Exterior Surfaces

See definition above the roof, item 6.3.

6.5 Condition of Chimney

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

6.6 Lead-Based Paint: Exterior Surfaces

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

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

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

6. Building Exterior

6.1 Condition of Foundation

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

6.2 Condition of Stairs, Rails and Porches

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

6.3 Condition of Roofs and Gutters

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

surface that is peeling, chipping, chalking, cracking, damaged or otherwise separated from the substrate.

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

6.7 Manufactured Homes; Tie Downs

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

7. Heating

7.1 Adequacy of Heating Equipment

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

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

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

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

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

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

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

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

7.4 Water Heater

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

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

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

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

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

7.2 Safety of Heating Equipment

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

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

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

7.3 Ventilation and Adequacy of Cooling

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

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

7.5 Water Supply

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

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

7.6 Plumbing

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

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

7.7. Sewer Connection

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

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

8. General Health and Safety

8.1 Access to Unit

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

8.2 Exit

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

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

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

Fire escape, fire ladder, or fire stairs.

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

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

8.3 Evidence of Infestation

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

8.4 Garbage and Debris

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

8.5 Refuse Disposal

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

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

8.7 Other Interior Hazards

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

8.8 Elevators

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

8.9 Interior Air Quality

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

8.10 Site and Neighborhood Conditions

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

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

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

8.6 Interior Stairs and Common Halls

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

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

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

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

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

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

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

8.11 Lead Based Paint: Owner Certification

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

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

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

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

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

4. Supplemental for Other Rooms Used for Living and Halls

For each numbered item, check one box only.

4.1 Room Location

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

Room Code

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

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

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

Comments continued on a separate page

Yes No

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

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

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

Comments continued on a separate page Yes No

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

<p>4.1 Room Location</p> <p>right/left/center: the room is situated to the right, left, or center of the unit</p> <p>front/rear/center: the room is situated to the back, front, or center of the unit.</p> <p>floor level: the floor level on which the room is located.</p>	<p>Room Code</p> <p>1= Bedroom or Any Other Room Used for Sleeping (regardless of type of room)</p> <p>2= Dining Room or Dining Area</p> <p>3= Second Living Room, Family Room, Den, Playroom, TV Room</p> <p>4= Entrance Halls, Corridors, Halls, Staircases</p> <p>5= Add'l Bathroom (also check presence of sink trap and clogged toilet)</p> <p>6= Other:</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

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

Comments continued on a separate page Yes No

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

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

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

Comments continued on a separate page

Yes No

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

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

Special Amenities (optional)

Unit Number

This section is for optional use. It is designed to collect additional information about other positive features of the unit that may be present. Although the features listed below are not included in the Housing Quality Standards, the tenant and inspector may wish to note them.

Check/list any positive features found in relation to the unit.

1. Living Room

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

2. Kitchen

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

3. Other Rooms Used for Living

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

4. Bath

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

5. Overall Characteristics

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

6. Disabled Accessibility

Is unit accessible to mobility-impaired persons? Yes No

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

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

1. Does the owner make repairs when asked? Yes No
2. Do you pay for anything else? (Specify) _____
3. Who owns the range and refrigerator? (Insert O = Owner or T = Tenant) Range _____ Refrigerator _____ Microwave _____
4. Is there anything else you want to tell us? (Specify) _____

RHS Annual Inspection Form -Summary of Comments

0

Instructions

IHDA is required to inspect units annually to determine if a unit meets RHS Housing Quality Standards.

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

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

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

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

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

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

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

Common health and safety hazards:

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

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

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

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Inspection Form - Walk Thru

LTOS Development		Tenant		Date of Request (mm/dd/yyyy)	
Inspector		Date Last Inspection (mm/dd/yyyy)		Date of Inspection (mm/dd/yyyy)	
Type of Inspection <input type="checkbox"/> Annual <input type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection				LTOS Number	
A. General Information				Housing Type (Check as appropriate)	
Street Address or Inspected Unit				<input type="checkbox"/> Single Family House <input type="checkbox"/> Duplex or Two Family <input type="checkbox"/> Row House or Town House <input type="checkbox"/> Low Rise:3-4 Story/Garden <input type="checkbox"/> High Rise; 5 or more story <input type="checkbox"/> Manufactured Home <input type="checkbox"/> Congregate <input type="checkbox"/> Cooperative <input type="checkbox"/> Ind. Group Residence <input type="checkbox"/> Single Room Occupancy <input type="checkbox"/> Shared Housing <input type="checkbox"/> Other: Specify _____	
City		County	State	Zip	
Name of Property Contact			Current Telephone of Contact		
Current Street Address of Property Contact					
City		County	State	Zip	

B. Summary Decision on the Unit
(to be completed after the form has been filled in)

No deficiencies
No deficiencies were found.

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

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

Unit Size: Count the number of bedrooms.

Year Constructed:

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

RHSP Form# O-007, Rev 2/2007

C. How to Fill Out This Checklist
Complete the checklist on the unit to be occupied (or current occupied) by the resident. Proceed through the inspection as follows:

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

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

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

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

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

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1. Living room

1.1 Living Room Present

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

1.2 Electricity

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

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

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

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

1.3 Electrical Hazards

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

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

1.4 Security

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

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

1.5 Window Condition

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

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

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

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

1.6 Ceiling Condition

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

1.7 Wall Condition

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

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

1.8 Floor Condition

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

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

1.9 Lead-Based Paint

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

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

2. Kitchen

2.11 Refrigerator

2.1 Kitchen Area Present

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

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

2.2. Electricity

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

2.5 Window Condition

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

2.10 Stove or Range with Oven

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

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

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

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

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

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

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

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

2.12 Sink

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

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

2.13 Space for Storage, Preparation, and Serving of Food

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

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

3. Bathroom

3.1 Bathroom Present

3.11 Fixed Wash Basin or Lavatory in Unit

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

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

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

3.2 Electricity

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

3.3 Electrical Hazards

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

3.5 Window Condition

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

3.7 Wall Condition

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

3.8 Floor Condition

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

3.10 Flush Toilet in Enclosed Room in Unit

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

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

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

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

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

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

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

3.12 Tub or Shower in Unit

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

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

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

3.13 Ventilation

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

4. Other Room Used for Living and Halls

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

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

4.2 Electricity/Illumination

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

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

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

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

4.1 Room Code and Location

Enter the appropriate room code given below:

Room Code and Room Location

Enter the appropriate room code given below:

Room Codes:

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

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

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

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

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

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

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

4.5 Window Condition

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

4.6 Smoke Detectors

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

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

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

Additional Notes

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

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

5. Secondary Rooms (Rooms not used for living)

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

6.4 Condition of Exterior Surfaces

See definition above the roof, item 6.3.

6.5 Condition of Chimney

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

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

5.1 None

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

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

Additional Note

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

6. Building Exterior

6.1 Condition of Foundation

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

6.2 Condition of Stairs, Rails and Porches

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

6.3 Condition of Roofs and Gutters

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

6.5 Condition of Chimney

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

6.6 Lead-Based Paint: Exterior Surfaces

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

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

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

6.7 Manufactured Homes; Tie Downs

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

7. Heating

7.1 Adequacy of Heating Equipment

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

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

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

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

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

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

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

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

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

7.2 Safety of Heating Equipment

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

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

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

7.3 Ventilation and Adequacy of Cooling

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

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

7.4 Water Heater

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

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

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

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

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

7.5 Water Supply

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

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

7.6 Plumbing

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

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

7.7. Sewer Connection

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

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

8. General Health and Safety

8.1 Access to Unit

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

8.2 Exit

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

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

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

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

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

Fire escape, fire ladder, or fire stairs.

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

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

8.3 Evidence of Infestation

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

8.4 Garbage and Debris

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

8.5 Refuse Disposal

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

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

8.6 Interior Stairs and Common Halls

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

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

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

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

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

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

8.7 Other Interior Hazards

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

8.8 Elevators

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

8.9 Interior Air Quality

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

8.10 Site and Neighborhood Conditions

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

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

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

8.11 Lead Based Paint: Owner Certification

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

Walk-Thru Inspection				For each numbered item, check one box only.	Property & Unit # _____	
Item No.	Description	Decision			If a minor deficiency exists, what repairs are necessary? If inconclusive, give details.	If a major deficiency exists, what repairs are necessary? Give as much detail as possible
		No deficiencies	Minor deficiency	Major deficiency		
1.1. Living Room Present	Are there any observable problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.1 Kitchen	Are there any observable problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3.1 Bathroom Present	Are there any observable problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.1 Other Rooms Used for Living and Halls	Are there any observable problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4.10 Smoke Detectors	Is there a working smoke detector on each level?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	Is there a working carbon monoxide detector if has gas utility service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.1 Access to Unit	Are there any observable problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.6 Interior Stairs And Common Halls Leading to Unit?	Are the wall sound and free from hazardous defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8.11 Lead-Based Paint- Owner Certification	Is the unit free of peeling and/or deteriorated paint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Additional Comments: (Give item number)						
Comments continued on separate page		<input type="checkbox"/>	<input type="checkbox"/>	No		

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
LONG TERM OPERATING SUPPORT PROGRAM
LEAD SAFE HOUSING CERTIFICATION**

Project and Unit Identification & Location

█
Name of Property/Development/Apartment Building

█
Street Address

█
Unit Number

█
City

█
State/Zip Code

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

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

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

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

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

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

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

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

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

If yes, skip a

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

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

Certification

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


Owner's Name

Owner's Signature


Date


Development Name

INSTRUCTIONS FOR

**RENTAL HOUSING SUPPORT PROGRAM
LONG TERM OPERATING SUPPORT PROGRAM
LEAD SAFE HOUSING CERTIFICATION**

Landlord/Property Owner Responsibilities

This certification is to be completed by a Landlord/Property Owner and submitted to IHDA. It is to be completed for each Unit that is to participate in the RHS Program. Certification will be required every three years, commencing with the start of the contract with IHDA.

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

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

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

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

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

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

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

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

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

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

I. INTRODUCTION

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

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

II. APPLICATION AND PROJECT IDENTIFICATION

Company Name [REDACTED] Contact Person [REDACTED]
[REDACTED] [REDACTED] [REDACTED] [REDACTED]
Address City State Zip
Telephone Number [REDACTED] Fax [REDACTED] E-mail [REDACTED]

III. DIRECTION OF MARKETING ACTIVITY

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

█

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

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

IV. MARKETING PROGRAM

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

COMMERCIAL MEDIA AND COMMUNITY CONTACTS

A) General Outreach Efforts

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

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

Other (specify) █

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

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

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

Group I

1)

2)

3)

4)

Group II

1)

2)

3)

4)

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

B) Outreach Efforts to Special Needs Households

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

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

Other (specify)

Names of Newspapers,
Radio or T.V. Stations

Reader/
Audience

Size and Duration
of Advertising

V. ADDITIONAL MARKETING ACTIVITIES

BROCHURES, SIGNS, AND FAIR HOUSING POSTER:

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

VI. EXPERIENCE AND STAFF INSTRUCTIONS

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

█

**OWNER or OWNER'S
AGENT**

█
Name

█
Title

Signature

Date

APPROVED

█
Name

█
Title

Signature

Date

INSTRUCTIONS FOR THE OUTREACH MARKETING PLAN

I. INTRODUCTION

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

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

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

II. APPLICANT AND PROJECT IDENTIFICATION

Self-explanatory

III. DIRECTION OF MARKETING ACTIVITY

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

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

IV. MARKETING PROGRAM

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

The applicant shall state:

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

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

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

V. ADDITIONAL MARKETING ACTIVITIES

Self-explanatory

VI. EXPERIENCE AND STAFF INSTRUCTIONS

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

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

RENTAL HOUSING SUPPORT PROGRAM
Market Rent Analysis Form
INSTRUCTIONS

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Market Rent Analysis Form
INSTRUCTIONS**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PID # _____

Project Name _____

Bedroom Size _____

Market Area _____

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

Preparer Signature _____ Date _____

Average Rent: _____



Within 3 business days, FAX a SIGNED copy to: 312-832-2188
ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
LONG TERM OPERATING SUPPORT PROGRAM

Exhibit 7 in Compliance Manual

IHDA USE ONLY

TENANT INCOME CERTIFICATION FORM

Initial Certification Annual Recertification Interim Recertification Correction

Rider to Lease Start Date:
Effective Date:

PART I. PROJECT DATA

Project Name:	Project Number:		
Unit Address:	City:		Zip:
Unit Number:	Number of Bedrooms:	County:	

PART II. HOUSEHOLD COMPOSITION

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

PART III. GROSS ANNUAL INCOME (USE ANNUAL AMOUNTS)

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

TOTALS \$ \$ \$ \$

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

PART IV. INCOME FROM ASSETS

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

TOTAL (I) \$

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

PART V. DETERMINATION OF INITIAL INCOME ELIGIBILITY ONLY

Total Annual Household Income
from all Sources:
From Item (j). See page 1 \$

Current Application
Income Limit per Family Size
(Based on County Limits) \$ _____

Household Qualifies Under the following Income Restriction

30% 15%

For Initial Certification, Skip Part VI and
Complete Part VII, Section "A" Below.

PART VI. RECERTIFICATION OF INCOME ELIGIBILITY ONLY

Total Annual Household Income
from all Sources:
From Item (j). See page 1 \$

Current 15% Income Limit
per Family Size
(Based on County Limits) \$ _____

Current 30% Income Limit
per Family Size
(Based on County Limits) \$ _____

Does Household's Income Fall Below Current
30%
Income Limits?

YES NO

If YES, Complete Part VII, Section "A" ONLY

If NO, Complete Part VII, Section "B" ONLY

PART VII. TENANT RENT & ASSISTANCE CALCULATION

SECTION A

(1) Maximum Permissible
Landlord Rent
(From Published Schedule) \$

(2) Landlord's Approved Rent \$ _____

(3) TENANT'S
NEW RENTAL PAYMENT
(Based on IHDA Tenant Rent
Schedule) \$ _____

(4) Amount of Rental Assistance
(Line #2 minus Line #3) \$ _____

**SECTION B - For Households OVER
30% AMI at Annual Recertification.**

(1) Maximum Permissible
Landlord Rent
(From Published Schedule) \$

(2) Landlord's Approved Rent \$ _____

(3) Tenant's Current Payment \$ _____

(4) Current Amount
of Rental Assistance
(Line #2 minus Line #3) \$ _____

(5) Over Income Adjustment
(Line #4 Divided by 2) \$ _____

(6) Tenant's New Rental Payment
(Line #3 plus Line #5) \$ _____

PART VIII. HOUSEHOLD CERTIFICATION & SIGNATURES

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

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

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

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

PART VIII. SIGNATURE OF PREPAPER

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

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

PART XI. SIGNATURE OF AUTHORIZED REPRESENTATIVE FOR APPROVAL

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

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

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

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

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

Use the codes below to fill in the demographic information.

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

****Race**

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

***** Ethnicity**

- 1 – Hispanic or Latino
- 2 – Non-Hispanic or Latino

****** Special Needs**

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

INSTRUCTIONS FOR COMPLETING RHSP TENANT INCOME CERTIFICATION

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

Once approved, the LAA needs to fax this form to Rental Housing Support Program compliance staff within three (3) business days after completion and approval. RHS Program Fax: 312-832-2188.

Part I - Project Data

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

Rider to Lease Start Date	Enter the date the Rider to Lease Starts
Effective Date	Enter the effective date of the certification. For move-in, this should be the move-in date. For annual recertification, this effective date should be no later than one year from the effective date of the previous (re)certification.
Project Name	Enter the name of the Project
County	Enter the county in which the building is located.
Project Number	Enter the Project Number
Address	Enter the address of the Unit.
Unit Number	Enter the Unit number.
# Bedrooms	Enter the number of bedrooms in the Unit.

Part II - Household Composition

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

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

Enter the date of birth for each occupant.

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

Part III - Annual Income

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

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

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

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

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

Part IV - Income from Assets

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

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

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

Part V – Determination of Initial Income Eligibility Only

To be completed by owner/management/LAA.

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

Part VI – Recertification of Income Eligibility Only

To be completed by owner/management/LAA.

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

Does Household's Income Fall
Below Current 30% Income Limits?

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

Part VII – Tenant Rent & Assistance Calculation

To be completed by owner/management/LAA.

SECTION A

For Households at 30% or below AMI

Maximum Permissible Landlord
Rent

Rent from IHDA's Published Schedule.

Landlord Approved Rent

Rent Taken from Development's Approved Rental Schedule.

Tenant's New Rental Payment

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

Amount of Rental Assistance

Subtract Line # 3 from Line #2.

SECTION B

For Households above 30% of AMI at Annual Recertification for Transitional Period.

Maximum Permissible Landlord
Rent

Rent from IHDA's Published Schedule.

Landlord's Approved Rent

Rent Taken from Development's Approved Rental Schedule.

Tenant's Current Rental Payment

Taken from Current Lease.

Current Amount of Rental
Assistance

Subtract Line #3 from Line #2.

Over Income Adjustment

Divide Line # 4 by 2.

Tenant's New Rental Payment

Add Line # 3 and #5.

PART IX -HOUSEHOLD CERTIFICATION AND SIGNATURES

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

PART X - SIGNATURE OF OWNER/REPRESENTATIVE

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

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

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

Part VIII – Demographic Data

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

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

Property Name	_____
Address/Unit Number (the "Unit")	_____
Unit Type (number of bedrooms)	_____
Tenant name(s) (collectively, the "Tenant")	_____

	(each adult over the age of 18 residing in the Unit)
<u>Landlord Name(s)</u> (collectively, the "Landlord")	_____

<u>Date of Lease:</u>	_____

This Rider to Lease (this "Rider") is attached to and made a part of that certain lease agreement dated as of the date first set forth above (the "Lease") between the Landlord and the Tenant; the Landlord and the Tenant are sometimes referred to collectively as the "Parties" for the unit described above (the "Unit").

(1) Introduction:

The Unit is subsidized under the Illinois Rental Housing Support Program (the "Program"), as authorized by the Rental Housing Support Program Act, 310 ILCS 105/1 *et seq.* (the "Act"), and governed by the rules (as amended and supplemented from time to time, the "Rules") promulgated by the Illinois Housing Development Authority (the "Authority"), the Illinois Rental Housing Support Program Guide (the "Guide"), and the Rental Housing Support Program Compliance Manual (the "Compliance Manual").

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

(2) Definitions:

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

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

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

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

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

(3) Income Eligibility:

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

(4) Term of this Rider:

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

(5) Rent:

The rent for the Unit is _____ (\$_____00) per month (the “Rent”). Rent shall not include any security deposits, pet fees, parking fees, or utilities that are not covered by the Landlord. Are any utilities included in the Rent?

yes

no

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

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

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

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

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

___ water

___ lights, electric

(6) Rental Assistance:

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

(7) Tenant Contribution:

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

(8) Sole Residence

The family is eligible for assistance only if the unit will be the family's only residence.

(9) Income Certifications:

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

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

The Tenant may request to meet with the Landlord to discuss any change in Tenant Contribution or Rental Assistance resulting from the recertification processing. If the Tenant requests such a

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

meeting, the Landlord agrees to meet with the Tenant and discuss how the Tenant Contribution and Rent Assistance were computed.

(10) Reporting Changes Between Regularly Scheduled Recertifications:

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

(1) Any Household member moves out of or moves in to the Unit.

(2) Any long-term changes in the Household's income.

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

(11) Changes in the Rental Assistance:

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

a. The Authority determines that changes are needed, in accordance with the Act, the Rules and the Guidelines; or

b. Tenant reports or fails to provide information on his/her income, Household composition or other factors as required by the Landlord.

(12) Tenant Obligation to Repay:

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

(13) Fraud:

The Tenant hereby certifies that the information presented for approval under the Program is true and accurate to the best of his or her knowledge. The Tenant hereby agrees and understands that the provision of false information herein constitutes an act of fraud. False, misleading or incomplete information may result in the termination of the Rental Assistance, the Lease and/or this Rider.

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

(14) Confidentiality:

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

(15) Housing Quality Standards Inspections:

The Tenant shall make access to the Unit available for Housing Quality Standards Inspections (the "Inspections"). Additionally, the Landlord shall make access to the common areas and grounds of the building to the Local Administering Agency for such Inspections. The Landlord shall give the proper notice of such scheduled Inspections to the Tenant aware in a timely manner as provided in the Lease.

(16) Non-Discrimination:

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

(17) Receipt of Information:

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

(18) Compliance with Federal and State Law:

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

(19) Evictions:

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

Illinois Housing Development Authority
Rental Housing Support Program

Rider to Lease

(20) Subletting:

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

(21) Execution of Conflicting Documents:

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

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

Landlord(s):

By: _____

By: _____

Date: _____

Tenant(s):

By: _____

By: _____

By: _____

By: _____

By: _____

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

Date: _____

IHDA
RENTAL HOUSING SUPPORT PROGRAM
Unit Transfer Approval Form

Development Name _____ Contact Person _____

Phone Number _____ Fax Number _____ E-mail Address _____

Address _____ City _____ Zipcode + 4 _____

Head of Household Name: _____

Unit Moving from Address: _____

Unit Moving to Address: _____

Unit Size of Current Unit: _____ Unit Size of Proposed Unit: _____

Rent for Current Unit: _____ Rent for Proposed Unit: _____

Date of Proposed Transfer: _____

Reason for Proposed Transfer:

Contact Signature: _____

Date: _____

Printed Name: _____

Owner Approval Signature: _____

Date: _____

Printed Name: _____

RHSP Manager Signature: _____

Date: _____

Illinois Housing Development Authority
RENTAL HOUSING SUPPORT PROGRAM
TENANT SELECTION PLAN

Attached is a model Tenant Selection Plan (“Plan”) to assist you in writing your tenant selection procedures. This Plan should outline the application process that an applicant can anticipate when applying for occupancy at your development. All entities named are responsible for carrying out all actions stated in this Plan.

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

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

Other than the state mandated preferences, the other exception to the “first come, first serve” policy is with accessible units. Households, both on the waiting list as well as existing tenants, needing accessible units will be given preference for those units.

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

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

This plan should be negotiated and approved by the Development and IHDA. Functions can be designated to other entities, but all need to approve of the plan.

**TENANT SELECTION PLAN
RENTAL HOUSING SUPPORT PROGRAM
Long Term Operating Support Program**

"Development Name"

_____, Illinois

"Owner"

"Management (if applicable)"

Responsible Entity for Preference Processing

I. INTRODUCTION

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

A. Unit Distribution

The Development will offer _____ rental units

The number or percent of RHSP units offered at the various income limits is as follows:

_____ units at 15 % median income

_____ units at 30 % median income

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

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

Program.

B. Rent Structure

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

II. DEVELOPMENT DESCRIPTION

Check all those that apply.

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

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

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

Total Number of Units in the Development. _____

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

<i>Nbr of Units</i>	<i>Nbr of Units</i>
___ No restriction on unit	___ Domestic Violence
___ Developmentally Disabled	___ Ex-Offenders
___ Foster Care Families	___ HIV/AIDS
___ Homeless	___ Mental Illness
___ Physically Disabled	___ Transitional
___ Other _____ <i>(please describe)</i>	

<u>Per SRN Written Agreement</u> <u>(if applicable)</u>	<u>Other Agreements:</u> <u>(List Funding or Program Source)</u>
<p>_____ Market rate units</p> <p>_____ Units at _____% Median income</p> <p>_____ Units at _____% Median income</p> <p>_____ Units at _____% Median income</p> <p>_____ Units at _____% Median income</p> <p>_____ Manager unit(s)</p>	<hr style="border: 0.5px solid black;"/> <p>_____ Market rate units</p> <p>_____ Units at _____% Median income</p> <p>_____ Units at _____% Median income</p> <p>_____ Units at _____% Median income</p> <p>_____ Units at _____% Median income</p> <p>_____ Manager unit(s)</p>

Please indicate the funding sources that require these restrictions.

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

III. PREFERENCES

A. Establishing Preferences

The following preferences apply to the development:

1. Program Preferences – mandated by state law
 The development will comply with the three IHDA mandatory preferences. These preferences are described below.
 - a) Displaced from an urban renewal area.
 - b) Displaced as a result of a governmental action.
 - c) Displaced as a result of a major disaster.

IHDA will work with all entities to properly assign responsibilities should these preferences go into effect.

2. Households at or below 15% of AMI will be housed before households whose annual income is above 15% but also at or below 30% of AMI. This preference will only be used to achieve the requirement to have at least 50% of the Program units occupied by households with annual incomes at or below 15% of AMI. This preference will not be used once this requirement has been reached.

B. Selection of Households for Participation

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

C. When a Preference Is Denied

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

D. Fair Housing Act

Fair Housing Act Amendments of 1988 ("Fair Housing Act") prohibits discrimination in housing on the basis of race, color, religion, sex, disability, familial status and national origin regardless of any federal financial assistance.

Under the Fair Housing Act, Owner and Management shall not take any of the actions listed below based on race, color, religion, sex, disability, familial status and national origin:

- a. Deny anyone the opportunity to apply to rent housing, or deny to any qualified applicant the opportunity to lease housing suitable to his or her needs;
- b. Provide anyone housing that is different from that provided to others;
- c. Subject anyone to segregation, even if by floor or wing;
- d. Restrict anyone's access to any benefit enjoyed by others in connection with housing program;
- e. Treat anyone differently in determining eligibility or other requirements for admission, in use of the housing amenities, facilities or programs, or in the terms and conditions of a lease;
- f. Deny anyone access to the same level of services;
- g. Deny anyone the opportunity to participate in a planning or advisory group that

is an integral part of the housing program;

- h. Publish or cause to be published an advertisement or notice indicating the availability of housing that prefers or excludes persons; and
- i. Retaliate against, threaten, or act in any manner to intimidate someone because he or she has exercised rights under the Fair Housing Act.

Fair Housing Act provides additional protections for persons with disabilities. It requires that the Management make reasonable accommodations in rules, policies, practices, or services as may be necessary to afford handicapped persons equal opportunity to use and enjoy a dwelling. Moreover, it contains specific accessibility requirements that apply to the design and construction of new multi-household housing.

Owner of federally assisted housing program shall display the Fair Housing poster required by the Fair Housing Act.

3. Title VI of the Civil Rights Act of 1964

Title VI of the Civil Rights Act of 1964 prohibits all recipients of federal financial assistance from discriminating based on race, color or national origin.

4. Age Discrimination Act of 1975

Age Discrimination Act of 1975 (the “Age Discrimination Act”) prohibits discrimination based upon age in federally assisted and funded program, except in limited circumstances. It is not a violation of the Age Discrimination Act to use age as screening criteria in a particular program if age distinctions are permitted by statute for that program or if age distinctions are a factor necessary for the normal operation of the program or the achievement of a statutory objective of the program or activity.

5. Section 504 of the Rehabilitation Act of 1973 (for HOME and CDBG programs)

Section 504 of the Rehabilitation Act of 1973 (“Section 504”) prohibits discrimination based upon disability in all programs or activities operated by recipients of federal financial assistance. Although Section 504 often overlaps with the disability discrimination prohibitions of the Fair Housing Act, it differs in that it also imposes broader affirmative obligations on the Owner to make their programs as a whole, accessible to persons with disabilities. Section 504 obligations include the following:

- a. Making and paying for reasonable structural modifications to units and/or common areas that are needed by applicants and tenants with disabilities, unless these modifications would change the fundamental nature of the project or result in undue financial and administrative burdens;
- b. Operating housing that is not segregated based upon disability or type of disability, unless authorized by federal statute or executive order;
- c. Providing auxiliary aids and services necessary for effective communication with persons with disabilities;
- d. Performing a self-evaluation of Management’s programs and policies to ensure that they do not discriminate based on disability; and
- e. Developing a transition plan to ensure that structural changes are properly implemented to meet program accessibility requirements.

- f. Section 504 also establishes accessibility requirements for newly constructed or rehabilitated housing, including providing a minimum percentage of accessible units.

If the Owner, Management and Development employ 15 or more persons, regardless of their location or duties, a Section 504 Coordinator must be designated.

Does the Section 504 Coordinator requirement apply?
(Check the one that applies)

Yes No

If “Yes” was checked, indicate the name of the Section 504 Coordinator:

Name: _____
 Telephone Number: _____
 TDD Number: _____

6. Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity (for HOME, CDBG, and Section 811 PRA programs)

Effective March 5, 2012, HUD implemented new regulations intended to ensure that HUD’s core housing programs are open to all eligible persons regardless of actual or perceived sexual orientation, gender identity or marital status (HUD Notice 2015-01).

Owners and operators of HUD-assisted housing, or housing whose financing is insured by HUD, must make housing available without regard to sexual orientation, gender identity, or marital status.

All otherwise eligible families, regardless of marital status, sexual orientation, or gender identity, will have the opportunity to participate in HUD programs.

Owners and operators of HUD-assisted housing or housing insured by HUD are prohibited from asking about an applicant or occupant’s sexual orientation and gender identity for the purpose of determining eligibility or otherwise making housing available.

7. Executive Order 13166 – Limited English Proficiency (for HUD programs only)

Executive Order 13166 requires Owner/Management to take reasonable steps to ensure meaningful access to the information and services they provide for persons with limited English proficiency. This may include interpreter services and/or written materials translated into other languages.

8. Violence Against Women and Justice Department Reauthorization Act of 2005, 2013, and Final Rule 2017 (for Tax Credit, HOME, CDBG, Section 811, and Federal Housing Trust Fund developments only)

Violence Against Women and Justice Department Reauthorization Act of 2005 (VAWA 2005, reinstated in the HUD Reauthorization Act of 2013, and VAWA Final Rule of 1/2017) protects victims of domestic violence, sexual assault, dating violence and/or stalking, regardless of sex, gender identity, or sexual orientation. This

includes their immediate family members generally from being evicted or being denied housing assistance, if an incident of violence is reported and confirmed. This rule must be applied consistently with all nondiscrimination and fair housing requirements.

Incidents of actual or threatened Acts Covered Under the VAWA Rule, may potentially have an impact on a tenant's participation in the housing program. Owner/Management may request in writing that an individual complete, sign and submit within 14 business days of the request, the HUD-approved certification form (HUD-91066). In addition, all leases should include clarification to the language of the HUD-91067 VAWA Addendum.

Alternatively, in lieu of the certification form or in addition to it, Owner/Management may accept (i) a federal, state, tribal, territorial, or local police record or court record or (ii) documentation signed and attested to by a professional (employee, agent or volunteer of a victim service provider, an attorney, medical personnel, etc.) from whom the victim has sought assistance.

Owner/Management is encouraged to carefully evaluate abuse claims as to avoid conducting an eviction based on false or unsubstantiated accusations.

9. VAWA Emergency Transfer (VET)

Owner/Agents must develop and implement a policy that allows for an emergency transfer under specific conditions. The deadline to implement a VAWA Emergency Transfer (VET) Policy is June 14, 2017.

Owner/Agents must allow residents seeking VAWA protections to transfer to units that are available and safe when the resident can move to the new unit without having to complete the entire application process.

The final rule requires owner/agents to establish procedures in their VAWA Emergency Transfer Plan (VET Plan) for transferring residents who qualify for a VAWA emergency transfer when the owner/agent does not have a safe and available unit to which the resident can immediately transfer.

- a. The Plan must include policies for assisting:
 - A resident who is seeking an internal emergency transfer under VAWA into another unit within the owner/agent's program or project.
 - A resident who is seeking an external emergency transfer under VAWA out of the owner/agent's program or project, and
 - A resident's who is seeking an external emergency transfer under VAWA into the owner/agent's program or project.
- b. Qualifications for the VAWA Emergency Transfer Plan must explain that an applicant or resident qualifies for an emergency transfer if:
 - The resident requests the transfer
 - If the resident reasonably believes that there is a threat of imminent harm if the resident remains within the same unit
 - If the resident is a victim of sexual assault, the resident may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar period preceding a request for an emergency transfer.
- c. Requirements for the VAWA Emergency Transfer Plan (VET Plan) **must** allow a resident to make an internal emergency transfer under VAWA when a safe unit is immediately available. The VET Plan must describe policies for assisting a resident in making an **internal emergency transfer** under VAWA when a safe unit is not immediately available.

1. The VET Plan must describe reasonable efforts the owner/agent will take to assist a resident who wishes to make an **external emergency transfer** when a safe unit is not immediately available.
2. Nothing may preclude a resident from seeking an **internal emergency transfer** and an **external emergency transfer** concurrently if a safe unit is not immediately available.
3. The owner/agent must make the VET Plan available upon request and, when feasible, must make its plan publicly available. The owner/agent must:
 - a. Keep a record of all emergency transfers requested under its VET Plan, and the outcomes of such requests, and
 - b. Retain these records for a period of three years, or for a period of time as specified in program regulations.
 - c. Report requests and outcomes of such requests to HUD annually.

E. Student Eligibility Requirements (for Tax Credit only)

Households consisting entirely of full-students are not eligible for Tax Credits unless the household is income eligible and one or more of the following exceptions applies to the household:

1. All members of the household are married (they do not need to be married to each other) and are entitled to file a joint tax return.
2. The household consists of single parent(s) and their child (or children) and no one in the household is a dependent of a third party.
3. At least one member of the household receives assistance under Title IV of the Social Security Act (i.e. TANF).
4. At least one member of the household is participating in an officially sanctioned job training program.
5. At least one member of the household was formerly in foster care.

Full-time status for purposes of the LIHTC program includes attendance at regular facilities for five or more months during the calendar year in which the taxable year of the taxpayer begins.

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

IV. **SELECTION AND APPROVAL OF EXISTING TENANTS DURING INITIAL LEASING**

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

Will this development offer Existing Tenants this option? Yes No

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

A. **Selection of Existing Tenants**

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

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

B. **Approval of Existing Tenants**

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

V. **APPLICATION PROCESSING**

A. **Distribution of Applications**

Entity Responsible for Distributing Applications:

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

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

B. Management of Applications

Entity Responsible for Management of the Applications:

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

VI. WAITING LIST PROCEDURES

A. Definition of Waiting Lists

Entity Responsible for Administration of the Waiting Lists:

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

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

B. Contacting Persons on the Waiting Lists**Entity Responsible for Contacting Applicants when a Unit is Available:**

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

C. Updating the Waiting Lists**Entity Responsible for Updating the Waiting Lists:**

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

action.

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

D. Closing/Reopening the Waiting Lists

Entity Responsible for Closing the Waiting Lists:

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

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

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

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

VII. AFTER THE INTERVIEW PROCESS

A. Application Requirements

Entity Responsible for Processing Applications:

A complete application includes the following information:

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

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

VIII. ELIGIBILITY REQUIREMENTS

Entity Responsible for Certifying Income:

A. Income

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

IX. OCCUPANCY STANDARDS

Entity Responsible for administering/enforcing Occupancy Standards:

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

X. SELECTION AND REJECTION CRITERIA

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

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

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

A. Insufficient/Inaccurate Information on Application

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

B. Credit and Financial Standing

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

C. Criminal Convictions/Current Drug Use

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

XI. REJECTION PROCEDURES**Entity Responsible for Notifying Rejected Applicants:**

A. Written Notification

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

B. Review of Rejected Applications

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

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

XII. AMENDING THE TENANT SELECTION PLAN

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

XIII. CERTIFICATION

By signing this Plan, Management certifies that the contents of this Plan will be followed as written, and that no other Tenant Selection Plan has been executed for the Development at this time, or will be executed in the future without written approval from the Illinois Housing Development Authority.

Counterparts and Electronic Signatures. This Plan may be executed in counterparts, each of which shall be deemed an original, and all of which together shall constitute one and the same instrument. A signed copy of this Plan transmitted by facsimile, email or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original executed copy of this Plan.

MANAGEMENT:

Entity Name: _____

Signature: _____

Print Name: _____

Title: _____

Dated: _____

This Plan is acknowledged and agreed to.

OWNER:

Entity Name: _____

Signature: _____

Print Name: _____

Title: _____

Dated: _____

This Plan has been reviewed as of this _____ day of _____, 20_____.

ILLINOIS HOUSING DEVELOPMENT AUTHORITY:

Signature: _____

Print Name: _____

Title: _____

EXHIBIT A

RENT STRUCTURE

Unit Type

Contract Rent

Studio

1 BR

2 BR

3 BR

4 BR

EXHIBIT B

CERTIFICATION FOR PREFERENCE STATUS

Dear _____:

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

Program/IHDA Preferences

_____ Displaced from an urban renewal area.

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

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

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

Sincerely,

I hereby authorize the release of the requested information.

Property Manager

Signature of Applicant

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

Firm or Agency Name: _____

Date: _____

Signature

Title

Firm or Agency Address

Date

EXHIBIT C

REJECTION LETTER FOR PREFERENCES

Re: _____ Apartments

Dear _____:

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

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

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

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

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

Sincerely,

Property Manager

EXHIBIT D

APPLICANT INQUIRY

Date

Dear _____:

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

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

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

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

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

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

Sincerely,

Resident Manager

EXHIBIT E

APPLICATION

(Please utilize the Application form of your choice)

**EXHIBIT F
APPLICATIONS
IN ORDER OF RECEIPT**

List All That Apply

DATE TIME REC'D NAME

TYPE

**HOUSING
PREFERENCE**

EXHIBIT G

WAITING LIST UPDATE

Date

Dear Friend:

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

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

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

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

Thank you for your interest in _____.

Sincerely,

Resident Manager

EXHIBIT H

REPLY CARD

I AM STILL INTERESTED IN LIVING AT

APPLICANT
NAME _____

CURRENT
ADDRESS _____

PHONE# _____
WORK# _____

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

EXHIBIT I

WAITING LIST PLACEMENT

Date

Dear _____ :

This letter is to advise you that you are currently on our non-preference/preference waiting list for future occupancy at _____.

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

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

Sincerely,

Resident Manager

EXHIBIT J

SAMPLE WAITING LIST

Date Rec'd	Time Rec'd	Head of Household	Unit Size	Income Level			Need for Accessible Unit		Comment/Contact	Remove/Rejected Date	Move-in Date	Preference Type
				EL	VL	L	Y	N				
12/3/01	10:30 AM	Mary Tate	2	X				X				Elderly
12/4/01	1:00 PM	Hiroshi Kihara	2		X			X				

APPLICANT REJECTION

Date

Dear _____:

We wish to thank you for your interest in renting an apartment at _____. After careful consideration and review of your application, we regret we are not able to accept your application for tenancy at this time for the following reasons:

If you wish a review of this decision, please contact the _____ our office at _____ (voice) or _____ (TDD) within 14 days of the date of this letter (excluding weekends and designated Federal Holidays) to schedule an appointment.

Regardless of whether or not you decide to respond to this notice, you may still exercise other avenues of relief available to you if you believe that you have been discriminated against on the basis of race, color, creed, religion, sex, national origin, age, familial status, ancestry, unfavorable military discharge, marital status, receipt of governmental assistance, or disability.

Sincerely,

Resident Manager

Rental Housing Support Program

Landlord Monthly Activity Report

Instructions

This form is completed by the landlords participating in the Rental Housing Support Program.

This report will be sent monthly to the Local Administering Agency (LAA) to document rental assistance used to subsidize eligible tenants in contracted units. List every unit participating in the program to show the monthly amount of assistance that is needed for the project. If you have multiple projects use a separate report for each one.

Month - Indicate which month within the quarter. First month is 1, second month is 2, and third month is 3.

LAA# - Number assigned by IHDA to identify a particular Local Administering Agency (LAA) participating in the Rental Housing Support Program.

LAA Name - Name of the Local Administering Agency contracted with IHDA to participate in the state's Rental Housing Support Program.

LAA Contact Person - Person representing the LAA that should be contacted for information concerning the operation of the Rental Housing Support Program.

Landlord # - The number assigned by the LAA during the application process to identify a particular landlord contracted with the LAA.

Landlord Name - Project owner's full first and last name.

Landlord Address - Address of the owner where mail may be sent.

Landlord Contact Person - Person to contact to obtain information concerning the project and/or tenants participating in the Rental Housing Support Program.

Columns A through L - Complete each column with the requested header information. Information in these columns are to reflect tenant activity as of the last day of the reporting month. The report includes all units participating in the program with the landlord.

Note: If a tenant received special permission to transfer units and is remaining in the program, list each unit in a separate line. Use the dates associated with each unit and use the Transfer codes to show the transfer. Move out dates from the old unit should be the day before the move-in date of the new unit. For example, if Tenant #1 moves from unit #109 to #110 at the end of the month, unit #109 would be listed twice on that month's report. The first line would show the tenant in there for the entire month, the second line would show the last day the tenant occupied the unit.

Project# - Number assigned by the LAA to identify a landlord's different projects participating in the RHSP.

Tenant Name - Enter the tenant's full last and first name separated by a comma. This is the tenant living in the unit as of the last day of the reporting month.

Apartment # - Number assigned by landlord to identify unit for mailing purposes. Use the apartment number if applicable. Use the unit's mailing address if the project is not an apartment building. Ex 2018 N Main would use "2018"

Bedroom Size- Number of bedrooms within an apartment. Units smaller than a 1 bedroom are 0

Income Code - Program Code assigned to a household as it relates to the family's income status as of the last certification/recertification date. The codes are listed on the form. Area median income limits change yearly and will be provided to the LAAs when they are published.

Move-in Date - Date (mm/dd/yyyy) tenant originally moved into the unit. This date remains the same as long as the tenant lives in that unit. If the tenant transfers to another unit and is still participating in the program, the move in date for the original unit would stay the same, and the move-in date for the new unit would be the actual day they moved into it.

Move-out Date - Date (mm/dd/yyyy) tenant moved from the unit. If the tenant is transferring the move-out day would be the day they are vacating the unit.

**Rental Housing Support Program
Instructions to the Monthly Landlord's Activity Report**

Next Scheduled Recert Date - The next date in which this household will be recertified. Recertifications are due annually on the first of the day of the month in which the tenant moved into the unit of the next year. Example: Tenant moved in 4/15/2006. Next Scheduled Recert Date is 4/1/2007.

Action Code - This will show what activity happened with each unit, and are listed on the form. Actions are Move-Ins, Move-Outs, and Transfers.

Unit Rent - The full approved rental charge for this unit, prorated by the number of days if the household moved in after the first. The amounts listed should round up or down. Fifty cents or more gets rounded up to the next dollar. You will need to prorate for the amount of time the tenant is in the unit. For example, if a tenant moved in on the 15th of February, divide the rent by 28 to get a daily rent, then multiply the daily rent times 14 days. This is the rent from the 15th to the 28th. If the tenant moves in on March 15th, divide the rent by 31 and multiply that daily rent by 17 days.

Tenant Rent - List the contribution amount that the tenant is supposed to pay, prorated in the same way as the Unit Rent. Round to the nearest dollar.

Rental Assistance - This cell will automatically calculate the amount of assistance. You need to change it to zero for vacant units. The amount is what is paid by the LAA to the landlord to subsidize eligible tenant's rent, prorated in the same way as Unit Rent. Round to the nearest dollar.

Please remember that vacancies are not covered by this program.

Landlord's Assistance Summary Report- Report prepared monthly by the landlord and sent to the LAA to account for the rental assistance used or not used during the reporting month.

Line A. Previous month's Surplus/Shortfall - The ending amount from the previous month.

Line B. Payment received from the LAA to cover this month - One third the quarterly rental assistance received from the LAA to cover rental assistance for the total units under contract.

Line C. Less Total Rental Assistance Required this month. - Total rental assistance used during the reporting month to cover units occupied by eligible tenants in contracted units. This amount will automatically calculate if you are using Excel to fill out the form.

Line D. Subtotal - Difference between the rental assistance received from LAA and the rental assistance used to provide subsidy for eligible tenants in a contracted units. This amount will automatically calculate.

Line E. Rental Assistance to carry forward to next month, whether surplus or shortfall.- This is the amount that will be carried forward to the next month to offset future rental assistance payments from the LAA.

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY
RENTAL HOUSING SUPPORT PROGRAM
Landlord's Monthly Activity Report**

Month 1 for Quarter Ending _____
Month/Year

Due 5 business days from the end of the month.

LAA # LAA Name

Contact Person (Mr./Mrs./Ms) Phone Number Fax Number Email Address

Landlord # Landlord Name

Address City Zip Code + 4

Contact Person (Mr./Mrs./Ms.) Phone Number Fax Number Email Address

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			^Action Code	Unit Rent	Tenant Rent	Rental Assistance
					Move In	Move Out	Next Scheduled Eff Recert Date				
											\$0
											\$0
											\$0
											\$0
											\$0
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											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
TOTAL									\$0	\$0	\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income ^Action Codes: AR-Annual Recertification M/O-Move Out
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income M/I- New Move-In TRF-Transfer from another unit
 *Income Code 3 - Household Income more than 30% of the Area Median Income

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

Payment Summary	
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative Name and Official Title (Please Print) Date

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

RENTAL HOUSING SUPPORT PROGRAM

Landlord's Monthly Activity Report

Month 2 for Quarter Ending _____
 Month/Year

Due 5 business days from the end of the month.

LAA #	LAA Name		
Contact Person (Mr./Mrs./Ms.)	Phone Number	Fax Number	Email Address
Landlord #	Landlord Name		
Address	City	Zip Code + 4	
Contact Person (Mr./Mrs./Ms.)	Phone Number	Fax Number	Email Address

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			^Action Code	Unit Rent	Tenant Rent	Rental Assistance
					Move In	Move Out	Next Scheduled Eff Recert Date				
											\$0
											\$0
											\$0
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											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
TOTAL											\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income
 *Income Code 3 - Household Income more than 30% of the Area Median Income

^Action Codes: AR-Annual Recertification M/O-Move Out
 M/I- New Move-In TRF-Transfer from another unit

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

	Payment Summary
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative _____ Name and Official Title (Please Print) _____ Date _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM Landlord's Monthly Activity Report

Month 3 for Quarter Ending _____
Month/Year

Due 5 business days from the end of the month.

LAA # _____ LAA Name _____

Contact Person (Mr./Mrs./Ms) _____ Phone Number _____ Fax Number _____ Email Address _____

Landlord # _____ Landlord Name _____

Address _____ City _____ Zip Code + 4 _____

Contact Person (Mr./Mrs./Ms.) _____ Phone Number _____ Fax Number _____ Email Address _____

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L	
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			^Action Code	Unit Rent	Tenant Rent	Rental Assistance	
					Move In	Move Out	Next Scheduled Eff Recert Date					
											\$0	
											\$0	
											\$0	
											\$0	
											\$0	
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											\$0	
											\$0	
											\$0	
											\$0	
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											\$0	
											\$0	
TOTAL										\$0	\$0	\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income
 *Income Code 3 - Household Income more than 30% of the Area Median Income
 ^Action Codes: AR-Annual Recertification M/O-Move Out
 M/I- New Move-In TRF-Transfer from another unit

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

Payment Summary	
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	\$0
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative _____ Name and Official Title (Please Print) _____ Date _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY

RENTAL HOUSING SUPPORT PROGRAM

Landlord's Monthly Activity Report

Month 4 for Quarter Ending _____ Month/Year _____

Due 5 business days from the end of the month.

LAA # _____ LAA Name _____

Contact Person (Mr./Mrs./Ms.) _____ Phone Number _____ Fax Number _____ Email Address _____

Landlord # _____ Landlord Name _____

Address _____ City _____ Zip Code + 4 _____

Contact Person (Mr./Mrs./Ms.) _____ Phone Number _____ Fax Number _____ Email Address _____

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			Action Code	Unit Rent	Tenant Rent	Rental Assistance
					Move In	Move Out	Next Scheduled Eff Recert Date				
											\$0
											\$0
											\$0
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											\$0
											\$0
											\$0
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											\$0
											\$0
											\$0
TOTAL									\$0	\$0	\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income ^Action Codes: AR-Annual Recertification M/O-Move Out
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income M/I- New Move-In TRF-Transfer from another unit
 *Income Code 3 - Household Income more than 30% of the Area Median Income

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

	Payment Summary
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative _____ Name and Official Title (Please Print) _____ Date _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM Landlord's Monthly Activity Report

Month 5 for Quarter Ending _____ Month/Year _____

Due 5 business days from the end of the month.

LAA # _____		LAA Name _____					
Contact Person (Mr./Mrs./Ms.) _____		Phone Number _____		Fax Number _____		Email Address _____	
Landlord # _____		Landlord Name _____					
Address _____				City _____		Zip Code + 4 _____	
Contact Person (Mr./Mrs./Ms.) _____		Phone Number _____		Fax Number _____		Email Address _____	

Column A	Column B	Column C	Column D	Column E	Column F			Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			Next Scheduled Eff Recert Date	^Action Code	Unit Rent	Tenant Rent	Rental Assistance	
					Move In	Move Out							
													\$0
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													\$0
TOTAL													\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income
 *Income Code 3 - Household Income more than 30% of the Area Median Income
 ^Action Codes: AR-Annual Recertification M/O-Move Out
 M/I- New Move-In TRF-Transfer from another unit

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

	Payment Summary
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative _____ Name and Official Title (Please Print) _____ Date _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM Landlord's Monthly Activity Report

Month 7 for Quarter Ending _____
Month/Year

Due 5 business days from the end of the month.

LAA # _____	LAA Name _____
Contact Person (Mr./Mrs./Ms.) _____	Phone Number _____ Fax Number _____ Email Address _____
Landlord # _____	Landlord Name _____
Address _____	City _____ Zip Code + 4 _____
Contact Person (Mr./Mrs./Ms.) _____	Phone Number _____ Fax Number _____ Email Address _____

Column A	Column B	Column C	Column D	Column E	Column F		Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			Next Scheduled Eff Recert Date	^Action Code	Unit Rent	Tenant Rent	Rental Assistance
					Move In	Move Out						
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
												\$0
TOTAL										\$0	\$0	\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income
 *Income Code 3 - Household Income more than 30% of the Area Median Income
 ^Action Codes: AR-Annual Recertification M/O-Move Out
 M/I- New Move-In TRF-Transfer from another unit

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

Payment Summary	
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative _____ Name and Official Title (Please Print) _____ Date _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM Landlord's Monthly Activity Report

Month 9 for Quarter Ending _____
Month/Year

Due 5 business days from the end of the month.

LAA # _____ LAA Name _____

Contact Person (Mr./Mrs./Ms.) _____ Phone Number _____ Fax Number _____ Email Address _____

Landlord # _____ Landlord Name _____

Address _____ City _____ Zip Code + 4 _____

Contact Person (Mr./Mrs./Ms.) _____ Phone Number _____ Fax Number _____ Email Address _____

Column A	Column B	Column C	Column D	Column E	Column F			Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			^Action Code	Unit Rent	Tenant Rent	Rental Assistance		
					Move In	Move Out	Next Scheduled Eff Recert Date						
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
													\$0
TOTAL													\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income ^Action Codes: AR-Annual Recertification M/O-Move Out
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income M/I- New Move-In TRF-Transfer from another unit
 *Income Code 3 - Household Income more than 30% of the Area Median Income

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

	Payment Summary
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative _____	Name and Official Title (Please Print) _____	Date _____
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ILLINOIS HOUSING DEVELOPMENT AUTHORITY

RENTAL HOUSING SUPPORT PROGRAM

Landlord's Monthly Activity Report

Month 10 for Quarter Ending _____
Month/Year

Due 5 business days from the end of the month.

LAA # _____ LAA Name _____

Contact Person (Mr./Mrs./Ms) _____ Phone Number _____ Fax Number _____ Email Address _____

Landlord # _____ Landlord Name _____

Address _____ City _____ Zip Code + 4 _____

Contact Person (Mr./Mrs./Ms.) _____ Phone Number _____ Fax Number _____ Email Address _____

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			^Action Code	Unit Rent	Tenant Rent	Rental Assistance
					Move In	Move Out	Next Scheduled Eff Recert Date				
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
TOTAL									\$0	\$0	\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income
 *Income Code 3 - Household Income more than 30% of the Area Median Income

^Action Codes: AR-Annual Recertification M/O-Move Out
 M/I- New Move-In TRF-Transfer from another unit

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

- A. Previous month's Rental Assistance surplus/shortfall**
- B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)**
- C. Less Total Rental Assistance used this month. (Total from Column L above.)**
- D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.**
- E. Total Rental Assistance to carry forward to the next month.**

Payment Summary	
	\$0
	\$0
	\$0
	\$0
	\$0

Signature of Landlord or Landlord's Representative _____ Name and Official Title (Please Print) _____ Date _____

ILLINOIS HOUSING DEVELOPMENT AUTHORITY RENTAL HOUSING SUPPORT PROGRAM Landlord's Monthly Activity Report

Month 12 for Quarter Ending _____ Month/Year

Due 5 business days from the end of the month.

LAA #	LAA Name		
Contact Person (Mr./Mrs./Ms.)	Phone Number	Fax Number	Email Address
Landlord #	Landlord Name		
Address	City	Zip Code + 4	
Contact Person (Mr./Mrs./Ms.)	Phone Number	Fax Number	Email Address

Column A	Column B	Column C	Column D	Column E	Column F	Column G	Column H	Column I	Column J	Column K	Column L
Project #	Tenant Name Last Name, First Name M.I.	Apartment Number (in order)	Bedroom Size	Income Code*	Dates			^Action Code	Unit Rent	Tenant Rent	Rental Assistance
					Move In	Move Out	Next Scheduled Eff Recert Date				
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
											\$0
TOTAL									\$0	\$0	\$0

*Income Code 1 - Household Income up to 15% of the Area Median Income
 *Income Code 2 - Household Income more than 15%, and up to 30% of the Area Median Income
 *Income Code 3 - Household Income more than 30% of the Area Median Income

^Action Codes: AR-Annual Recertification M/O-Move Out
 M/I- New Move-In TRF-Transfer from another unit

VACANCIES ARE NOT COVERED BY RHSP

Landlord's Rental Assistance Summary Report

	Payment Summary
A. Previous month's Rental Assistance surplus/shortfall	\$0
B. Rental Assistance payment received from LAA to cover this month's assistance. (1/3 the quarterly assistance payment)	
C. Less Total Rental Assistance used this month. (Total from Column L above.)	\$0
D. Subtotal (Line A minus Line B) If subtotal is positive this is a surplus. If subtotal is negative this is a shortfall.	\$0
E. Total Rental Assistance to carry forward to the next month.	\$0

Signature of Landlord or Landlord's Representative	Name and Official Title (Please Print)	Date
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