

# Waiver Walkthrough

Request a waiver by contacting Waitlist Manager, Jeri Bond at [Jeri.Bond@Illinois.gov](mailto:Jeri.Bond@Illinois.gov). Waivers are to be requested **only** if 1) no referrals were received for a unit OR no referrals moved into the unit and 2) it has been longer than the unit hold period (30, 60, or 90 days). Both pages of the waiver must be submitted together to Waitlist Manager, Jeri Bond. Waivers are approved by Waitlist Manager, Jeri Bond, and are sent to IHDA for final approval. Once officially approved, the final waiver will be sent to you to keep in your files.

**ILLINOIS HOUSING DEVELOPMENT AUTHORITY**  
 WWW.IHDA.ORG

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 Chicago, IL 60601  
 312.836.5200

### SRN/Section 811 UNIT WAIVER REQUEST

**To Be Completed By Owner:**

Property Name: \_\_\_\_\_ IHDA Loan Number: \_\_\_\_\_  
 Property Address: \_\_\_\_\_ Total of SRN Units: \_\_\_\_\_  
 City: \_\_\_\_\_ Total of 811 Units: \_\_\_\_\_

**Please Select Program Type:** State Referral Network (SRN) Program  Section 811 PRA Program   
**Please select Waiver request Timeframe:** Initial Lease up unit hold (90-day SRN/ 60-day 811)  Turnover unit (30-day hold)

**Please select all that applies:** Non-SRN/811 Resident  Section 811 resident  SRN resident   
**Please Note: Only (1) unit per Waiver request form:** Social Serve Unit ID #Number/bedroom size \_\_\_\_\_ Date unit was Made "available" in Social Serve \_\_\_\_\_ Date Waitlist manager was contacted \_\_\_\_\_

**Referrals: Please complete the following:** Number of Referrals received for this unit: \_\_\_\_\_ No referrals received for this unit: \_\_\_\_\_  
**List Referrals Received if applicable:** Name: \_\_\_\_\_ Name: \_\_\_\_\_ Name: \_\_\_\_\_

**Please select reason for referrals not being processed:** Caseworker no follow-up with property management  Client not Interested in (Unit)  Client no contact follow-up with property management  Client denied by Housing Authority  Client did not complete application process  Client- Background  Client - Financial  Other (Please explain below)

**Cont'd Questions must be answered for referrals not being housed:** Was applicant informed that they can request a Reasonable Accommodation? Yes \_\_\_ No \_\_\_ If Yes, what was the outcome? \_\_\_\_\_  
 Was applicant and service provider given a written notice of the right to appeal with a person that wasn't involved in the denial? Yes \_\_\_ No \_\_\_ Were all referrals received from a PAIR Administrator processed by the owner/agent before requesting a waiver? Yes \_\_\_ No \_\_\_

**Addition Comments:** \_\_\_\_\_

Signature Of Owner/Agent: \_\_\_\_\_ Owner/Agent waiver request date: \_\_\_\_\_

**To be completed by DHS - SHC /Waitlist manager**

Date Owner/Agent reported unit vacancy: \_\_\_\_\_ Date Referrals were sent to Owner/Agent: \_\_\_\_\_ Number of Referrals sent to Owner/Agent: \_\_\_\_\_

**Please select reason for referrals not being processed:** Property management no follow up with Caseworker  No response to Notices sent to Caseworkers  Client no longer interested (location)  Units not listed in "Pair module"  Client did not complete application process  No interested clients for this unit  No interested clients for this property  Other (Please explain) \_\_\_\_\_

**Addition Comments:** \_\_\_\_\_

Signature Of SHC/Waitlist Manager: \_\_\_\_\_ Waitlist manager waiver approval date: \_\_\_\_\_

**TO BE COMPLETED BY IHDA SRN/SECTION 811 PROGRAM COORDINATOR:**

This waiver approval is in response to your request to lease the Statewide Referral Network (SRN) unit at your development to a household that has not been referred by the Statewide Housing Coordinator (SHC). Per the SRN Written Agreement, you may now lease the unit to a household meeting the program requirements that did not come through the referral process. We are allowing this exception because more than 90 days for SRN units or 60 days for Section 811 has passed for the initial leasing or 30 days has passed for the unit turnover leasing of the SRN/Section 811 unit(s), and you have not been able to successfully fill the SRN/Section 811 units through the referral process.

Please note upon turnover of the unit(s), you must ensure that the vacant unit(s) have been "made available" on the PAIR Module & notification given to the SHC and/or the SRN Waitlist Manager to provide referrals. SHC and/or the SRN Waitlist Manager will have 30 days to provide sufficient referrals to fill the vacancies. It is important that you notify Emphasys through the email [polling@emphasys-software.com](mailto:polling@emphasys-software.com) of your vacancies as soon as a unit is ready to lease. This will ensure that the Wait-List Manager receives your vacancy information as soon as possible and can begin the referral process.

The Property Management team will continue the established communication plan with the Statewide Housing Coordinator (SHC). Failure to remain compliant with the SRN Agreement may negatively impact future funding applications to IHDA.

**Please note for Section 811 units:**

***It is important that you follow the guidelines below for all Section 811 PRA units: Eligibility, Selection, and Admissions of Families: RAC part II 2.8 (c) (3) "The owner/agent must inform the Grantee or their designee of a vacancy and hold the unit open for a reasonable period of time. If no Eligible Tenants are identified within a reasonable time, as determined by the Grantee, the owner may lease the unit to families which are not eligible for the PRA Program; this household is not entitled to the benefit of the rental assistance. If the number of occupied PRA Assisted Units at the property falls below the total number of units listed in Exhibit 1 of Part 1 of the RAC, the Owner will designate the next available appropriate unit as an Assisted Unit until the total number of occupied units meets the total number listed in Exhibit 1 of Part 1 of the RAC."***

IHDA is continuously working with our partners in the service delivery sector to improve the referral system. **Please retain a copy of this document in your files.** We appreciate your participation in the Statewide Referral Network (SRN).

Date Waiver was denied: \_\_\_\_\_  
Comments: \_\_\_\_\_

Signature of SRN/811 Program Coordinator: \_\_\_\_\_ IHDA Approved Waiver Date: \_\_\_\_\_