



How to Apply for 2021 Illinois Rental Payment Program (ILRPP)

Strategic Response Department
Illinois Housing Development Authority



OBJECTIVES



- **Share information** about the Illinois Rental Payment Program (ILRPP)
- Demonstrate ILRPP portal with a **step-by-step walkthrough** of the application
- Review Team and Project **collaboration/communication tools**



INFORMATION SESSION AGENDA

- Introduction to ILRPP
- ILRPP Timeline
- Application Process Overview
- Housing Stability Services (HSS)
Coverage
- Key Messaging
- Call Center
- Questions



Preserving Housing Stability During the COVID-19 Pandemic

- IHDA is administering **\$500M+** from Consolidated Appropriations Act, 2021
- Prevent the eviction of tenants unable to pay rent due to the Covid-19 pandemic
- Prevent housing providers from going into foreclosure on rental properties.
- Scheduled to launch on **May 17, 2021**





ILRPP Terms and Timeline

- Coverage provided: Twelve months of rent arrearage + three months prospective rent
- Coverage period: June 2020 – August 2021
- **Maximum grant amount:** **\$25,000 per rental unit**
- Assistance paid to: Housing Providers
- Landlord application opens: May 17, 2021 – June 6, 2021
- Landlord application: Closes on June 13th
(*Tenant Section*)
- Approvals and payouts: Late Spring 2021
- Program close: September 2022



ILRPP Payments and Benefits



Up to \$25,000 per
tenant



Payment matched to
tenant's need



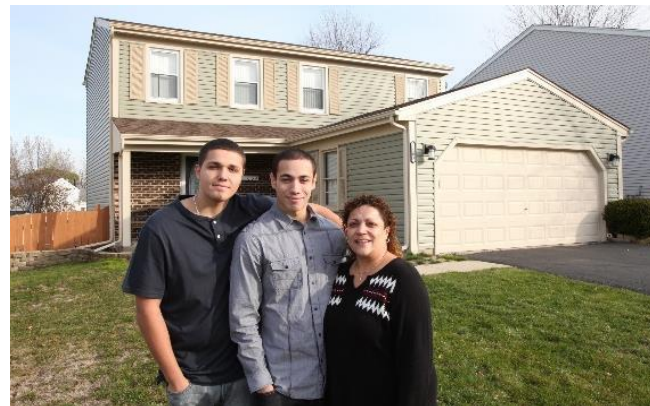
Payment of past due
and future rent for up
to 15 months

- Payments made directly to housing provider on behalf of the tenant in the form of a check.
- Housing provider must waive all fees and penalties related to household's occupancy of the unit.
- Housing provider may not initiate or engage in eviction proceedings due to any past due rent for the coverage period.



Who Is Eligible?

- Household experienced a loss of income, incurred significant costs, or experienced a financial hardship due to COVID-19.
- Household is behind on rent and at risk of experiencing homelessness or housing instability.
- Household's annual income in 2020 was at or below 80% of the Area Median Income, adjusted for household size.
- Unit is the tenant's primary residence and is located within the State of Illinois.
- **Proof of citizenship is not required; ILRPP assistance is not a “public-charge” benefit.**





How ILRPP Works

- Housing providers will initiate an application; both tenant and housing provider will jointly apply.
- Grant payments will be based on tenant need.
- **Prioritization of applicants who are unemployed and below 50% of the Area Median Income (AMI).**
- Ability to track application: ILRPP.IHDA.ORG/STATUS



ILRPP Application Process



Application Process –Section I

Section I: Housing Provider

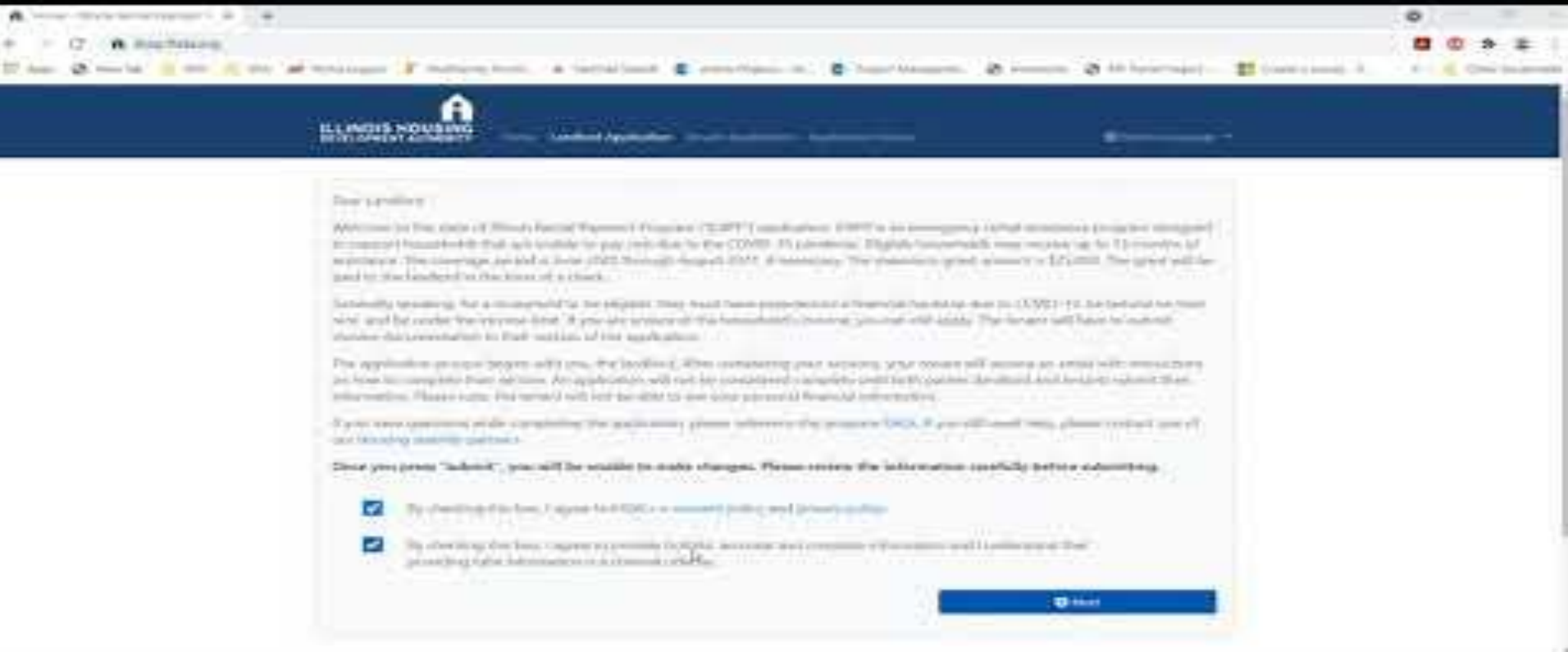
- Visit ILRPP.IHDA.org
- Housing Provider must complete and submit Section I of the ILRPP application.

Confirmation

- After completing Section I, the housing provider will receive an email from DocuSign within 24 hours with instructions to complete Section II. Be sure to check spam and junk folders for this email.



<https://ilrpp.ihda.org/>



The screenshot shows the IHDA website's application page. At the top, there is a navigation bar with the IHDA logo and the text "ILLINOIS HOUSING DEVELOPMENT AUTHORITY". Below the navigation bar, the main content area is titled "Dear applicant" and contains the following text:

Welcome to the state of Illinois Rental Relief Program (RLP) application. RLP is an emergency rental assistance program designed to provide financial relief that is available to you (and/or for the COVID-19 pandemic). Eligible households may receive up to 12 months of assistance. The coverage period is from June 2020 through August 2021. Additionally, the maximum grant amount is \$2,000. The grant will be used to offset rent in the month of a claim.

Successfully applying for a household to be eligible. They must have paid rent on a residential lease for 30 (30) days before the start date and be under the program limit. If you are unsure of the household's income, you will still apply. The program will have to submit documentation to their section of the application.

The application process begins with you, the landlord. After completing your sections, your owner will receive an email with instructions on how to complete their section. An application will not be considered complete until both parties are finished. And to help submit their information, please note, the tenant will not be able to see your personal financial information.

If you have questions while completing the application please refer to the program FAQ. If you still need help, please contact one of our housing assistance contacts.

Once you press "submit", you will be unable to make changes. Please review the information carefully before submitting.

- By checking the box, I agree to IHDA's [privacy policy](#) and [terms of use](#).
- By checking the box, I agree to provide digital, accurate and complete information and I understand that providing false information is a criminal offense.

At the bottom right of the form, there is a blue button labeled "Submit".

Dear Landlord,

Welcome to the state of Illinois Rental Payment Program (“ILRPP”) application. ILRPP is an emergency rental assistance program designed to support households that are unable to pay rent due to the COVID-19 pandemic. Eligible households may receive up to 15 months of assistance. The coverage period is June 2020 through August 2021, if necessary. The maximum grant amount is \$25,000. The grant will be paid to the landlord in the form of a check.

Generally speaking, for a household to be eligible, they must have experienced a financial hardship due to COVID-19, be behind on their rent, and be under the income limit. If you are unsure of the household’s income, you can still apply. The tenant will have to submit income documentation in their section of the application.

The application process begins with you, the landlord. After completing your sections, your tenant will receive an email with instructions on how to complete their section. An application will not be considered complete until both parties (landlord and tenant) submit their information. Please note, the tenant will not be able to see your personal financial information.

If you have questions while completing the application, please reference the program [FAQs](#). If you still need help, please contact one of our [housing stability partners](#).

Once you press “submit”, you will be unable to make changes. Please review the information carefully before submitting.

- By checking this box, I agree to IHDA’s [e-consent policy](#) and [privacy policy](#).
- By checking this box, I agree to provide truthful, accurate and complete information and I understand that providing false information is a criminal offense.

 Next

on how to complete their section. An application will not be considered complete until both parties (landlord and tenant) submit their information. Please note, the tenant will not be able to see your personal financial information.

If you have questions while completing the application, please reference the program [FAQs](#). If you still need help, please contact one of our [housing stability partners](#).

Once you press “submit”, you will be unable to make changes. Please review the information carefully before submitting.

- By checking this box, I agree to IHDA’s [e-consent policy](#) and [privacy policy](#).
- By checking this box, I agree to provide truthful, accurate and complete information and I understand that providing false information is a criminal offense.

[Next](#)

Continue To Next Step

LANDLORD INFORMATION

<input type="text" value="Landlord First Name *"/>	<input type="text" value="Landlord Middle Name"/>	<input type="text" value="Landlord Last Name *"/>	<input type="text" value="Suffix"/>
<input type="text" value="Landlord Email Address *"/>		<input type="text" value="Confirm Landlord Email Address *"/>	

[Next](#)

Required fields are marked with *

TENANT INFORMATION

Program Requirement: The tenant must be late on rent for a minimum of one month between May 2020 and March 2021 for you to apply. Indicate below the amount of rent past due for each month. Exclude late fees or penalties. They must be waived in order to participate in the program. Indicate the actual amount due to you. If that amount exceeds \$25,000, the grant will be capped at \$25,000.

Please ensure your e-mail address and the tenant's e-mail address are accurate or the application for funding cannot be processed.

Tenant First Name *	Tenant Middle Name	Tenant Last Name *	Suffix
Tenant Email Address *		Confirm Tenant Email Address *	
Rental Unit Address Line 1 *		Rental Unit Address Line 2	
Attention To			
Rental Unit City *	IL	Rental Unit Zip Code *	-- Select County --

Please enter the tenant's monthly rent due from the lease or agreement:

Monthly Rent Amount *

Tenant move-in date/date the lease started:

Tenant Move-In Date *

Lease Type:

-- Select Lease Type --

Did the tenant household receive COVID-19 federal emergency rental assistance for 2020 rental payments?

Yes No Unknown

Please enter the rental arrearage for each month (non-cumulative). All late fees and penalties must be waived in order to participate in the program.

January 2021

January 2021 Rent Due Amount

Please enter the rental arrearage for each month (non-cumulative). All late fees and penalties must be waived in order to participate in the program.

January 2021

January 2021 Rent Due Amount

February 2021

February 2021 Rent Due Amount

March 2021

March 2021 Rent Due Amount

April 2021

April 2021 Rent Due Amount

May 2021

May 2021 Rent Due Amount

Total number **# of months** past due:

Total number # of months past due

Total dollar amount of rent **past due**:

Total dollar amount of rent past due

To the best of your knowledge, does the tenant household need emergency rental assistance for the next three months in order to avoid housing instability?

Yes No

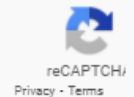
Have a Housing Stability Service Provider Code?

Housing Stability Service Provider Code

Total requested **RPP grant amount**:

Total requested RPP grant amount

I'm not a robot



Submit

Required fields are marked with *



Application Process – Section II

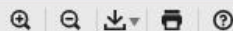
Section II: Housing Provider

- Housing provider completes Section II and provides the following information:
 - Proof of Property Ownership
 - Property Management Agreement (if applicable)
 - SSN or ITIN
 - Employer Identification Number (if applicable)
 - Current Signed Lease (if available)
 - Proof of Past Due Rent
- Tenant will receive a DocuSign email within 24 hours to complete Section III.



ILRPP APPLICATION - SECTION II





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ILLINOIS RENTAL PAYMENT PROGRAM /
PROGRAMA DE PAGO DE RENTA DE ILLINOIS

GRANT APPLICATION SECTION II & LANDLORD GRANT AGREEMENT
SOLICITUD DE ASISTENCIA SECCIÓN II Y ACUERDO DE ASISTENCIA CON DUENO DE LA
PROPIEDAD

Application ID: 651

Welcome to Section II of the ILRPP application. After you submit this section, your tenant will receive an email from DocuSign within 24 hours with directions on how to complete Section III of the application. An application will not be considered complete until both parties (landlord and tenant) submit their information. Please note, the tenant will not be able to see your personal financial information.

Bienvenido/a a la Sección II de la solicitud de Programa de Pago de Renta de Illinois (ILRPP). Después de que termine esta sección, su inquilino recibirá un correo electrónico de DocuSign dentro de las 24 horas siguientes con instrucciones para completar la Sección III de la solicitud. La solicitud no será considerada completa hasta que ambas partes (el dueño de la propiedad y el inquilino) presenten su información. Tenga en cuenta que el inquilino no podrá ver su información financiera personal.

Application for: / Solicitud de asistencia para:

Sabrina Ibrahim

LANDLORD INFORMATION / INFORMACIÓN DEL DUENO DE LA PROPIEDAD

1. Landlord Name: / Nombre del dueño de la propiedad:

Sabina Younis

2. Landlord E-Mail Address: / Dirección de correo electrónico del dueño de la propiedad:

syounis@ihda.org

3. Landlord Phone Number: / Número de teléfono del dueño de la propiedad:

4. Landlord Phone Type / Tipo de teléfono del dueño de la propiedad: -- select -- ▾



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5. Landlord Mailing address: / Dirección postal del dueño de la propiedad:

PROPERTY OWNERSHIP INFORMATION / INFORMACIÓN SOBRE LA PROPIEDAD DE LA VIVIENDA

6. You MUST provide evidence that you are the owner of record of the rental unit by uploading a copy of one of the following / Usted DEBE demostrar que es el propietario registrado de la propiedad de renta por entregando una copia de uno de los siguientes documentos:

Installment of 2019 Property Tax Bill (property address and owner name must be legible) -OR- / cuota de la factura de los impuestos de la propiedad del año 2019 (la dirección de la propiedad y el nombre del propietario deben ser legibles) -O-



2021 monthly mortgage statement (property address and owner name must be legible) / estado de cuenta mensual de la hipoteca del año 2021 (la dirección de la propiedad y el nombre del propietario deben ser legibles)

GRANT PAYMENT INFORMATION / INFORMACIÓN SOBRE EL PAGO DE ASISTENCIA

7. If the grant application is approved, funds will be sent to the landlord, or landlord's agent, on behalf of the tenant in the form of a check. For reporting and compliance purposes, please provide the required information about the party receiving the check:

Si la solicitud es aprobada los fondos se enviarán al dueño de la propiedad o al agente del propietario a nombre del inquilino en forma de un cheque. Para fines de reporte y cumplimiento, proporcione la información requerida sobre quien recibe el cheque:

8. Check made payable to / Cheque hecho a nombre de:

9. Is the check being made to the property manager? / ¿El cheque es hecho a nombre del administrador de la propiedad? Yes / Si No



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10. If yes, you must upload a fully executed and current property management agreement. Si responde sí, debe demostrar un contrato de administración de la propiedad firmado y vigente.

11. Payment Mailing Address: / Dirección postal de pago:

Form fields for Payment Mailing Address, including a dropdown menu with 'IL' selected.

12. Federal Tax Classification: / Clasificación fiscal federal:

Dropdown menu for Federal Tax Classification with "-- select --" selected.

13. SSN or ITIN / SSN o ITIN:

- Radio buttons for SSN and ITIN.

14. Employer Identification Number (if payee is a business entity)- DUNS / Número de identificación del empleador (si el beneficiario es una entidad):

Form field for Employer Identification Number.

15. Complete and e-sign the following W-9 / Complete y firme electrónicamente el formulario W-9 siguiente

RENTAL UNIT INFORMATION / INFORMACIÓN DE LA UNIDAD DEL INQUILINO

16. Rental Unit Type / Tipo de propiedad del inquilino: -- select --

17. Rental Unit Address / Dirección de la unidad del inquilino:

123 Main St

Chicago IL 60601 Cook

18. Tenant name / Nombre del inquilino:

Sabrina Ibrahim

19. Tenant's E-Mail Address / Dirección de correo electrónico del inquilino:

sabina.younis@gmail.com

20. Move-in date or start of lease / Fecha de mudanza o inicio del contrato de renta: 09/01/2018



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21. Select the type of lease applicable for the rental unit (as of date of this application) from the drop-down menu below. / Seleccione en el menú que está a continuación el tipo de contrato de renta aplicable para la propiedad que se renta (a la fecha de esta solicitud).

Written Lease (year-to-year)

22. Monthly Rent Amount: / Monto de la renta mensual: 1200.0

23. Upload every page of the current signed lease, if available. If the lease has expired, but the tenant continues to occupy the rental unit, IHDA will assume you are renting the unit to the tenant on a month-to-month basis, upon the same terms and conditions of the expired lease, including the rental amount.



Optional

Incluya todas las páginas del contrato de renta firmado que se encuentra vigente, si están disponibles. Si el contrato de renta se ha vencido pero el inquilino continúa ocupando la propiedad, IHDA asumirá que usted le está alquilando la propiedad al inquilino de mes a mes, bajos los mismos términos y condiciones del contrato de renta vencido, incluyendo la cantidad de la renta

PAST DUE RENT / RENTA QUE SE DEBE

24. Did the tenant household receive COVID-19 emergency rental assistance funds for 2020 rental payments? / ¿El inquilino recibió fondos federales de asistencia de emergencia para pagar la renta que se debía en 2020? No

25. June 2020 rent past due: / Renta de junio de 2020: 1200.0

26. July 2020 rent past due: / Renta de julio de 2020: 1200.0

27. August 2020 rent past due: / Renta de agosto de 2020: 1200.0

28. September 2020 rent past due: / Renta de septiembre de 2020: 1200.0

29. October 2020 rent past due: / Renta de octubre de 2020: 1200.0

30. November 2020 rent past due: / Renta de noviembre de 2020: 1200.0

31. December 2020 rent past due: / Renta de diciembre de 2020: 1200.0

32. January 2021 rent past due: / Renta de enero de 2021: 1200.0

33. February 2021 rent past due: / Renta de febrero de 2021: 1200.0

34. March 2021 rent past due: / Renta de marzo de 2021: 1200.0

35. April 2021 rent past due: / Renta de abril de 2021: 1200.0

36. May 2021 rent past due: / Renta de mayo de 2021: 1200.0

37. Total dollar amount of rent ***past due*** /
 Suma total en dólares de la cantidad de renta que se ***debe***: 14400.0

38. Total ***number of months*** past due / ***Número total de meses*** que el inquilino no ha pagado: 12



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39. In order to be eligible for an ILRPP grant, you **MUST** attach evidence of the tenant's past due rent. Evidence of past due rent includes one of the following / Para ser elegible y recibir asistencia del ILRPP, usted **DEBE** incluir pruebas sobre la cantidad de renta que se debe. Pruebas sobre la renta que se debe, incluyen uno de los siguientes documento :

- a. notice of rent past due rent (5-day notice, 30-day notice, 60 day notice) / aviso de la renta que se debe (aviso de 5 días, aviso de 30 días, aviso de 60 días);
- b. eviction notice ; -OR- / aviso de desalojo; -O-
- c. other written evidence (such as a rent roll) that contains the amount of rent past due for the household, the unit address and the tenant's name. / otra prueba escrita (como un registro de la cantidad de renta que se debe por mes) que contenga la suma total de la deuda, la dirección de la propiedad y el nombre del inquilino.

FUTURE RENT INFORMATION / INFORMACIÓN SOBRE RENTA EN EL FUTURO

40. To the best of your knowledge, does the tenant household need emergency rental assistance for the three months listed below in order to avoid housing instability and/or eviction? Según su conocimiento, ¿su inquilino necesita asistencia de emergencia para cubrir la renta durante los tres meses que se indican a continuación con el fin de evitar la inestabilidad de la vivienda y/o el desalojo? Yes

41. Rent due for June 2021: / Pago de renta de junio de 2021: 1200.0

42. Rent due for July 2021: / Pago de renta de julio de 2021: 1200.0

43. Rent due for August 2021: / Pago de renta de agosto de 2021: 0.0

44. Total dollar amount of prospective rent / La suma total en dólares de la renta de los siguientes tres meses: 1200.0

TOTAL GRANT REQUEST (MAXIMUM GRANT CAPPED AT \$25,000) / SOLICITUD DE ASISTENCIA TOTAL (LA ASISTENCIA MÁXIMA TIENE UN LÍMITE DE \$25,000)

45. Total requested ILRPP grant amount /La suma total de la asistencia del ILRPP solicitada: 18000.0

LANDLORD DEMOGRAPHIC INFORMATION / INFORMACIÓN DEMOGRÁFICA DEL DUENO DE LA PROPIEDAD

IHDA is attempting to collect demographic information to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. Federal law requires that we request applicants for their demographic information (ethnicity, sex, and race) in order to monitor



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our compliance with equal credit opportunity and fair housing. **You are not required to provide this information**, but you are encouraged to do so. You may select one or more designations for "ethnicity" and one or more designations for "race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. *If you choose not to provide the information, but you have made this application in person, however, federal regulations require IHDA, or a party authorized by IHDA, to note your ethnicity, sex, and race on the basis of visual observation or surname.* The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

IHDA intenta recopilar información demográfica para garantizar que todos los solicitantes sean tratados de manera justa y que se cubran las necesidades de vivienda de las comunidades y de los vecindarios. La ley federal exige que pidamos a los solicitantes su información demográfica (origen étnico, sexo y raza) con el fin de vigilar nuestro cumplimiento con la igualdad de oportunidades de crédito y vivienda justa. **No está obligado a proveer esta información**, pero se le sugiere a que lo haga. Puede seleccionar una o más designaciones para "origen étnico" y una o más designaciones para la "raza". La ley establece que no podemos discriminar con base en esta información o si usted elige proporcionarla. *Sin embargo, si elige no proporcionar la información, pero ha realizado esta solicitud en persona, los reglamentos federales exigen que IHDA, o una parte autorizada por IHDA, anote su origen étnico, sexo y raza con base en la observación visual o el apellido.* La ley establece además que no podemos discriminar con base en la edad o la información sobre el estado civil que proporcione en esta solicitud. Si no desea proporcionar parte o la totalidad de esta información, consulte a continuación.

Ethnicity / Origen Étnico

- a. Hispanic or Latino / Hispano o Latino
 - i. Mexican / Mexicano
 - ii. Puerto Rican / Puertorriqueño
 - iii. Cuban / Cubano
 - iv. Other Hispanic or Latino / Otro Hispano o Latino
 - 1. Enter Origin
For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. / Como ejemplo: Argentino, Colombiano, Dominicano, Nicaragüense, Salvadoreño, Español y etc.
- b. Not Hispanic or Latino/ No Hispano o Latino
- c. I do not wish to provide this information. / No deseo en proveer esta información

Race /Raza - Select one or more / seleccione una o mas

- a. American Indian or Alaska Native / Amerindia o Nativo de Alaska
 - a. Enter name of enrolled or principal tribe / Indique el nombre el inscrito o tribu principal
- b. Asian / Asiática
 - a. Asian Indian / Indio asiática



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**ILLINOIS RENTAL PAYMENT PROGRAM
GRANT AGREEMENT (LANDLORD)**
**PROGRAMA DE PAGO DE RENTA DE ILLINOIS
ACUERDO DE ASISTENCIA (DUENO DE PROPIEDAD)**



1. ILRPP GRANT. In order to help prevent the eviction of
Sabrina Ibrahim

household (hereinafter "Grantee"), for non-payment of rent, from

123 Main St

Chicago IL 60601 Cook

(the "Rental Unit"), I
Sabina Younis

, or a duly authorized agent of the landlord (hereinafter, "Landlord") have requested that the Illinois Housing Development Authority ("IHDA"), located at 111 E. Wacker Dr., Suite 1000, Chicago, IL 60601, provide Landlord with funds, on the Grantee's behalf, from the Illinois Rental Payment Program ("RPP") in an amount not to exceed Twenty Thousand and No/100 Dollars (\$20,000.00) ("RPP Grant Maximum"). The ILRPP grant funds have been provided to the State of Illinois pursuant to section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (the "Act"). It is a condition of the making of the ILRPP Grant to Grantee that the Landlord enter into and be bound by this Grant Agreement.

ASISTENCIA DE ILRPP. Con el fin de prevenir el desalojo de la familia de
Sabrina Ibrahim

(en lo sucesivo, el "Beneficiario"), por la falta de pago del alquiler de

123 Main St

Chicago IL 60601 Cook



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18. AMENDMENT. This Grant Agreement cannot be amended except in a writing signed by IHDA.

ADICIONES. El presente Acuerdo de Asistencia no podrá modificarse excepto mediante un escrito firmado por la IHDA.



19. SURVIVAL OF OBLIGATIONS. Landlord's obligations under this Grant Agreement, will survive the disbursement of the ILRPP Grant Award.

SUPERVIVENCIA DE OBLIGACIONES. Las obligaciones del Dueño de la Propiedad conforme a este Acuerdo de Asistencia se mantendrán vigentes luego del desembolso de la Concesión de la asistencia del ILRPP.



20. CONSTRUCTION OF AGREEMENT: The invalidity of any clause, part or provision of this Grant Agreement will not affect the validity of the remaining portions. Landlord agrees that this Grant Agreement and the rights and obligations of the parties under this Grant Agreement shall be governed by the laws of the State of Illinois, without reference to its conflict of law principles. If more than one party is executing this Grant Agreement as Landlord, then all such parties agree to be jointly and severally bound by it.

INTERPRETACIÓN RESTRICTIVA DEL ACUERDO: La invalidez de cualquier cláusula, parte o disposición de este Acuerdo de Asistencia no afectará la validez de las partes restantes. El Dueño de la Propiedad acepta que este Acuerdo de Asistencia y los derechos y las obligaciones de las partes se regirán por las leyes del estado de Illinois, sin referencia a sus principios de conflicto de leyes. Si más de una de las partes celebra este Acuerdo de Asistencia en calidad de Dueño de la Propiedad, entonces todas esas partes aceptan estar vinculadas solidariamente.

21. ELECTRONIC AND FACSIMILE SIGNATURES. IHDA reserves the right, in its sole and absolute discretion, to require original signatures or to rely on electronic and/or facsimile transmissions or photocopies of facsimile transmissions and Landlord hereby waives any rights to object to the validity of their signature based on IHDA's determination.

FIRMAS ELECTRÓNICAS Y EN FACSIMIL. IHDA se reserva el derecho, a su sola y absoluta discreción, de exigir firmas originales o confiar en transmisiones electrónicas o en facsimil, o sus fotocopias, y por medio del presente documento el Dueño de la Propiedad renuncia a cualquier derecho a objetar la validez de su firma con base en la determinación de IHDA.

Landlord acknowledges that Landlord had an opportunity to review this Grant Agreement with an attorney and Landlord understands and agrees to its terms and conditions. / El Dueño de la Propiedad reconoce que tuvo la oportunidad de revisar este Acuerdo de Asistencia con un abogado y entiende y acepta sus términos y condiciones.



4/27/2021 | 10:56:03 AM CDT

Landlord's DocuSign Signature
 Firma de DocuSign del Dueño de la Propiedad

Housing Stability Service Provider (if applicable)
 Proveedor de Estabilidad de Vivienda
 (si corresponde)



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Congratulations. You have completed the landlord sections of the application. Once you press FINISH you will be unable to make changes. Please review the information carefully before submitting. We recommend that you tell your tenant that you began the application process and that they will receive an email from DocuSign, based on the e-mail address you provided in Section 1 of the application, with directions on how to complete their information within 24 hours. If your tenant does not receive an e-mail from DocuSign, please encourage them to check their spam folder. Please ensure your tenant completes their section before the application deadline passes and the portal closes. [You will receive an email from DocuSign once the tenant completes their portion of the application].

You may check on the status of your application at <https://www.ilrpp.ihda/status>

Thank you

Felicitaciones. Ha completado las secciones de la solicitud del dueño de la propiedad. Una vez que presione FINALIZAR no podrá realizar cambios. Revise bien la información antes de enviarla. Le recomendamos que le diga a su inquilino que usted inició el proceso de solicitud y que él/ella recibirá un correo electrónico de DocuSign, según la dirección de correo electrónico que proporcionó en la Sección 1 de la solicitud, con instrucciones para completar su información dentro de las 24 horas. Si su inquilino no recibe un correo electrónico de DocuSign, pídale que revise su carpeta de correo no deseado. Por favor, asegúrese de que su inquilino complete su sección antes de que venza el plazo para presentar la solicitud y el portal se cierre. [Recibirá un correo electrónico de DocuSign cuando el inquilino haya completado su parte de la solicitud].

Puede revisar el estado de su solicitud en <https://www.ilrpp.ihda/status>

Gracias

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Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Form fields 1-7: 1 Name, 2 Business name, 3 Check appropriate box for federal tax classification, 4 Exemptions, 5 Address, 6 City, state, and ZIP code, 7 List account number(s).

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding.

Part II Certification
Under penalties of perjury, I certify that:
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Sign Here Signature of U.S. person Date 4/27/2021 10:56:03 AM CDT

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.
Purpose of Form
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other



Housing Provider Documentation

- Evidence of property ownership:
 - Installment of 2019 and 2020 property tax bill
 - 2021 monthly mortgage statement
 - Deed
 - Print out from County Website
- Current signed lease, if available
- Fully executed and current property management agreement (if payment is made to a property manager)
- Written documentation of past due rent:
 - Notice of rent past due (5-day notice, 30-day notice, 60-day notice)
 - Eviction notice
 - Other written evidence (such as a rent roll) that contains the amount of rent past due for the household, the unit address and the tenant's name



Application Process – Section III

Section III: Tenant

- Tenant completes Section III and provides the following information:
 - Government issued Photo ID
 - Utility bill or proof of address dated within 90 days of applying
 - Evidence of 2020 income for Each Wage earner in the Household
 - Proof of public assistance such as SNAP, TANF, Medicaid, Head Start, etc. (if applicable)



ILRPP APPLICATION - SECTION III



The screenshot shows a DocuSign interface for a document titled "ILLINOIS RENTAL PAYMENT PROGRAM". The document content includes:

- START** button on the left.
- FINISH** and **OTHER ACTIONS** buttons on the right.
- Document title: **ILLINOIS RENTAL PAYMENT PROGRAM**
- Subtitle: **PROGRAMA DE PAGO DE RENTA DE ILLINOIS**
- Text: **GRANT APPLICATION & RENT GRANT AGREEMENT / SOLICITUD Y ACUERDO DE ASISTENCIA DEL INQUILINATO**
- Application ID: 300
- Greeting: **Dear Tenant,**
- Text: **We are pleased to let you know that your landlord**
- Text: **submitted an application for a state of Illinois Rental Payment Program (ILRPP) grant. ILRPP is an**

At the bottom, there is a DocuSign logo and a copyright notice: "Copyright © 2021 DocuSign, Inc. All rights reserved."



START

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ILLINOIS RENTAL PAYMENT PROGRAM /
PROGRAMA DE PAGO DE RENTA DE ILLINOIS

GRANT APPLICATION & TENANT GRANT AGREEMENT/
SOLICITUD Y ACUERDO DE ASISTENCIA DEL INQUILINO

Application ID: 272

Dear Tenant

We are pleased to let you know that your landlord
Asha Mathunny

,initiated an application for a state of Illinois Rental Payment Program (ILRPP) grant. ILRPP is an emergency rental assistance program designed to support households that are unable to pay their rent due to the COVID-19 pandemic. If approved, the grant will cover the rent you owe from June 2020 through May 2021. You may also be eligible to receive rental assistance for June, July and August of 2021. The maximum grant amount is \$25,000. The emergency rental assistance is provided by the Federal government and is free to you and your landlord. If approved, the grant will be paid to your landlord in the form of a check.

Generally speaking, for your household to be eligible, you must have experienced a financial hardship due to COVID-19, be behind on your rent, and be under the income limit.

If you have questions while completing the application, please reference the program FAQs found [here](#) ↗

If you still need help, please contact one of our housing stability partners found [here](#) ↗

I (Tenant) agree to IHDA's e-consent [policy](#) ↗ and IHDA's privacy [policy](#) ↗



START

Estimado inquilino ,

Nos complace informarle que el dueño de la propiedad,
Asha Mathunny

, inició una solicitud para una asistencia del Programa de Pago de Renta de Illinois (Rental Payment Program, ILRPP). El ILRPP es un programa de asistencia de emergencia que brinda asistencia financiera a los hogares que no pueden pagar su alquiler debido a la pandemia de COVID-19. Si es aprobado, la asistencia cubrirá la renta que debe desde junio de 2020 hasta mayo de 2021. También puede optar a recibir asistencia para la renta de junio, julio y de agosto de 2021. La suma máxima de la asistencia es de \$25,000 dólares. Esta asistencia de emergencia para el inquilino es proporcionada por el gobierno federal y es gratuita para usted y el dueño de la propiedad. Si su aplicación es aprobada, la asistencia se le paga al dueño de la propiedad en forma de cheque.

En términos generales, para que su hogar sea elegible, usted debe haber experimentado dificultades financieras debido a la pandemia COVID-19, estar atrasado en el pago de la renta y estar por debajo del límite de ingresos.

Si tiene preguntas mientras realiza la solicitud, consulte las preguntas frecuentes del programa que se encuentran [aquí](#)

Si aún necesita ayuda, comuníquese con uno de nuestros socios de estabilidad de vivienda que se encuentran [aquí](#)

Yo (el inquilino) acepto la [póliza](#) de consentimiento de la Autoridad de Desarrollo de vivienda de Illinois (Illinois Housing Development Authority, IHDA) y su [póliza](#) de privacidad

- By checking this box, and proceeding to apply for ILRPP grant funds, I (Tenant) agree to provide truthful, accurate and complete information, and I (Tenant) understand that providing false information is a criminal offense. / Al marcar esta casilla y proceder en solicitar los fondos de asistencia del ILRPP, yo (el inquilino) acepto proporcionar información veraz, precisa y completa, y yo (el inquilino) entiendo que proporcionar información falsa constituye un delito penal.

IDENTITY VERIFICATION / VERIFICACIÓN DE IDENTIDAD

- I (Tenant) have attached a clear copy of my government-issued photo ID, regardless of expiration date. Click [here](#) for acceptable forms of ID. / Yo (el inquilino) he adjuntado una copia clara de mi identificación con foto, emitida por el gobierno, independientemente de la fecha de vencimiento. Haga clic [aquí](#) para conocer las formas aceptables de identificación.



START

ADDRESS VERIFICATION / VERIFICACIÓN DE IDENTIDAD

If the address shown on the government-issued photo ID attached above does not match the address of the rental unit, I have attached a clear copy of a recent utility bill that shows my name and current address. Click [here](#) for acceptable forms of proof of address. /Yo (el inquilino) he adjuntado una copia clara de mi identificación con foto, emitida por el gobierno, independientemente de la fecha de vencimiento. Haga clic [aquí](#) para conocer las formas aceptables de identificación.

GENERAL INFORMATION / INFORMACIÓN GENERAL

1. Your name: / Su nombre:

Form fields for name: three stacked text boxes and a small dropdown box.

2. Your address: / Su dirección:

1190 Meadow Ln Apt 301

Hoffman Estates IL 60169-1568 Cook

3. Your e-mail address: / Su dirección de correo electrónico:

sabina.younis@gmail.com

4. Your phone number: / Su número de teléfono:

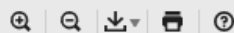
Form field for phone number.

5. Has anyone in your household experienced a financial hardship due to COVID-19 (i.e. job loss; reduced hours at work; increased childcare costs; medical costs; etc.)? / ¿Alguien en su hogar ha experimentado dificultades financieras debido a la pandemia COVID-19 (es decir, pérdida de empleo, reducción de horas de trabajo, aumento de los costos de cuidado de niños, costos médicos, etc.)?

Yes / Si No

6. Are you behind on paying your rent? / ¿Está atrasado en el pago del alquiler?

Yes / Si No



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7. Does your household receive a federal housing subsidy that reduces the amount of rent you pay (e.g., section 8; housing choice voucher)? / ¿Su hogar recibe asistencia federal de vivienda que reduce la suma de renta que paga (p. ej., sección 8; comprobante para selección de vivienda)?

Yes / Si No

8. Did your household receive emergency rental assistance due to COVID-19 for any 2020 rent? / ¿Su hogar recibió asistencia de emergencia para pagar la renta debido a la pandemia COVID-19 en 2020?

Yes / Si No

LEASE INFORMATION / INFORMACIÓN DEL AREGLO DE RENTA

Your Landlord indicated that you are you behind on your rent because of COVID-19. Please review the information below as provided by your landlord / El dueño de la propiedad indicó que está atrasado en el pago de renta debido a la pandemia COVID-19. Revise la siguiente información proporcionada por el dueño de la propiedad

9. Your move-in date/date your lease started: Su fecha de mudanza/fecha de inicio de acuerdo con su contrato de renta: 01/01/2020

10. The type of lease you currently have: / El tipo de contrato de renta que tiene actualmente:
Written Lease (year-to-year)

11. Your monthly rent amount is: / Su cuota de renta mensual es: 500.0

12. The number of months you are behind on your rent: / La cantidad de meses que está atrasado en su alquiler: 7

13. The total amount of rent you owe from June 2020 through May 2021: / La suma total de renta que usted debe desde junio de 2020 hasta mayo de 2021: 3500.0

14. Do you agree with this amount (If you do not, you and your landlord will be referred to a housing partner to address the difference in amount due before your application can be further reviewed)? ¿Está de acuerdo con esta suma? (Si no lo está, usted y el dueño de la propiedad será remitidos a un socio de vivienda para abordar la diferencia de la suma que se debe antes de proseguir con el examen de su solicitud) Yes / Si No



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EMPLOYMENT STATUS / ESTADO DE EMPLEO

15. Is anyone within your household currently unemployed? / ¿Alguien dentro de su hogar está desempleado actualmente? Yes / Si No
16. If yes, enter the date unemployment started for the household member who has been unemployed the longest: / Si la respuesta es afirmativa, ingrese la fecha en que comenzó el desempleo para el integrante del núcleo familiar que ha estado desempleado por más tiempo:

INCOME INFORMATION / INFORMACIÓN DE INGRESOS

The program requires that the tenant household income be below 80 percent of the area median income, as adjusted for household size. In order to determine if your household is within the income limit, we need to review the income for each adult (18+) wage earner living in the rental unit. Click [here](#) for income limits for this program.

El programa requiere que los ingresos del hogar del inquilino sean inferiores al 80 por ciento AMI (Ingreso Medio del Área), ajustado al tamaño del hogar. Con el fin de determinar si su hogar está dentro del límite de ingresos, tenemos que revisar los ingresos de cada adulto (persona mayor de 18 años) que vivan en la propiedad alquilada. Haga clic [aquí](#) para saber más sobre los límites de ingresos de este programa.

17. Do your household currently receive assistance from any of the following programs? / ¿Su hogar recibe actualmente asistencia de alguno de los siguientes programas? Yes / Si No
18. Check the box for the type of assistance you receive, and upload your program issued award letter, which must include your current address. You can then skip the next. / Marque la casilla para el tipo de asistencia que recibe y incluya su carta de concesión emitida por el programa, que debe incluir su dirección actual. A continuación, puede omitir lo siguiente.
- SNAP (Supplemental Nutrition Assistance Program) / SNAP (Programa de Asistencia Nutricional Suplementaria)
- TANF (Temporary Assistance for Needy Families) / TANF (Asistencia Temporal para Familias Necesitadas)
- Medicaid



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- Medicare Part D Low Income Subsidies (Subsidios por bajos ingresos de la Parte D de Medicare)
- Head Start
- Low-income Home Energy Assistance (Asistencia de energía para hogares de bajos ingresos)
- Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) / Programa Especial de Nutrición Suplementaria para Mujeres, Bebés y Niños

If you are receiving any of the assistance above, you can skip this question. Otherwise, please enter the name and 2020 income for each adult (18+) wage earner in your household below. Please upload evidence of income where applicable below. Please click [here](#) for acceptable evidence

Si recibe alguna de las asistencias anteriores, puede omitir esta pregunta. De lo contrario, a continuación incluya el nombre y los ingresos de cada adulto del año 2020 (persona mayor de 18 años) en su hogar. Incluya evidencia de ingresos cuando corresponda a continuación. Haga clic [aquí](#) para conocer la evidencia aceptable.

a. Wage Earner 1: / Asalariado 1:

- i. Name: / Nombre:
- ii. 2020 Gross Annual Income: / Ingresos brutos anuales 2020:
- iii. Proof of Income: / Evidencia de ingresos:

b. Wage Earner 2: / Asalariado 2:

- i. Name: / Nombre:
- ii. 2020 Gross Annual Income: / Ingresos brutos anuales 2020:
- iii. Proof of Income: / Evidencia de ingresos:

c. Wage Earner 3: / Asalariado 3:

- i. Name: / Nombre:
- ii. 2020 Gross Annual Income: / Ingresos brutos anuales 2020:
- iii. Proof of Income: / Evidencia de ingresos:

d. Wage Earner 4: / Asalariado 4:

- i. Name: / Nombre:
- ii. 2020 Gross Annual Income: / Ingresos brutos anuales 2020:
- iii. Proof of Income: / Evidencia de ingresos:



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e. Wage Earner 5: / Asalariado 5:

i. Name: / Nombre:

ii. 2020 Gross Annual Income: / Ingresos brutos anuales 2020:

iii. Proof of Income: / Evidencia de ingresos:

19. Based on the information you provided above with respect to assistance programs or income, enter the household's combined total 2020 annual household income here: / Con base en la información que ha compartido anteriormente con respecto a los programas de asistencia o los ingresos, indique aquí el total de los ingresos anuales combinados de 2020 del hogar:

20. How many people, including children, live in your rental unit? / ¿Cuántas personas, incluyendo niños, viven en su unidad de alquiler?

TENANT DEMOGRAPHIC INFORMATION / INFORMACIÓN DEMOGRÁFICA DEL INQUILINO

IHDA is attempting to collect demographic information to help ensure that all applicants are treated fairly and that the housing needs of communities and neighborhoods are being fulfilled. Federal law requires that we request applicants for their demographic information (ethnicity, sex, and race) in order to monitor our compliance with equal credit opportunity and fair housing. **You are not required to provide this information**, but you are encouraged to do so. You may select one or more designations for "ethnicity" and one or more designations for "race." The law provides that we may not discriminate on the basis of this information, or on whether you choose to provide it. *If you choose not to provide the information, but you have made this application in person, however, federal regulations require IHDA, or a party authorized by IHDA, to note your ethnicity, sex, and race on the basis of visual observation or surname.* The law also provides that we may not discriminate on the basis of age or marital status information you provide in this application. If you do not wish to provide some or all of this information, please check below.

IHDA intenta recopilar información demográfica para garantizar que todos los solicitantes sean tratados de manera justa y que se cubran las necesidades de vivienda de las comunidades y de los vecindarios. La ley federal exige que pidamos a los solicitantes su información demográfica (origen étnico, sexo y raza) con el fin de vigilar nuestro cumplimiento con la igualdad de oportunidades de crédito y vivienda justa. **No está obligado a proveer esta información**, pero se le sugiere a que lo haga. Puede seleccionar una o más designaciones para "origen étnico" y una o más designaciones para la "raza". La ley establece que no podemos discriminar con base en esta información o si usted elige proporcionarla. *Sin embargo, si elige no proporcionar la información, pero ha realizado esta solicitud en persona, los reglamentos federales exigen que IHDA, o una parte autorizada por IHDA, anote su origen étnico, sexo y raza con base en la observación visual o el apellido.* La ley establece además que no podemos discriminar con base en la edad o la información sobre el estado civil que proporcione en esta solicitud. Si no desea proporcionar parte o la totalidad de esta información, consulte a continuación.



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Ethnicity / Origen Étnico

- a. Hispanic or Latino / Hispano o Latino
 - i. Mexican / Mexicano
 - ii. Puerto Rican / Puertorriqueño
 - iii. Cuban / Cubano
 - iv. Other Hispanic or Latino / Otro Hispano o Latino
 - 1. Enter Origin
 - For example: Argentinean, Colombian, Dominican, Nicaraguan, Salvadoran, Spaniard, and so on. / Como ejemplo: Argentino, Colombiano, Dominicano, Nicaragüense, Salvadoreño, Español y etc.*
- b. Not Hispanic or Latino/ No Hispano o Latino
- c. I do not wish to provide this information. / No deseo en proveer esta información

Race /Raza - Select one or more / Seleccione una o mas

- a. American Indian or Alaska Native / Amerindia o Nativo de Alaska
 - a. Enter name of enrolled or principal tribe / Indique el nombre el inscrito o tribu principal
- b. Asian / Asiática
 - a. Asian Indian / Indio asiática
 - b. Chinese / China
 - c. Filipino / Filipina
 - d. Japanese / Japonesa
 - e. Korean / Coreana
 - f. Vietnamese / Vietnamita
 - g. Other Asian / Otras razas asiáticas
 - i. Enter Race: / Indique su raza:
 - For example: Hmong, Laotian, Thai, Pakistani, Cambodian, and so on. / Por ejemplo: Laosiano, Tailandés, Pakistání, Camboyano, etc.*
- c. Black or African American / Negra o Afroamericana
- d. Native Hawaiian or Other Pacific Islander / Nativo de Hawái o de otra isla del Pacifico



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**ILLINOIS RENTAL PAYMENT PROGRAM
GRANT AGREEMENT (TENANT)**
**PROGRAMA DE PAGO DE RENTA DE ILLINOIS
ACUERDO DE ASISTENCIA(INQUILINO)**



1. ILRPP GRANT. In order to help prevent the eviction of my household, for non-payment of rent, from

1190 Meadow Ln Apt 301

Hoffman Estates IL 60169-1568 Cook
(the "Rental Unit"), I
Sabina Younis

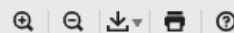
, (hereinafter, "Grantee") have requested that the Illinois Housing Development Authority ("IHDA"), located at 111 E. Wacker Dr., Suite 1000, Chicago, IL 60601, provide Grantee with funds from the Illinois Rental Payment Program ("RPP") in an amount not to exceed Twenty Five Thousand and No/100 Dollars (\$25,000.00) ("RPP Grant Maximum"). The ILRPP grant funds have been provided to the State of Illinois pursuant to section 501 of Division N of the Consolidated Appropriations Act, 2021, Pub. L. No. 116-260 (Dec. 27, 2020) (the "Act").

ASISTENCIA DEL ILRPP. Con el fin de prevenir el desalojo de mi hogar, por falta de pago de renta, de

1190 Meadow Ln Apt 301

Hoffman Estates IL 60169-1568 Cook
(la "Unidad de alquiler"), yo
Sabina Younis

, (en lo sucesivo, el "Beneficiario") he solicitado que la Autoridad de Desarrollo de Vivienda de Illinois (Illinois Housing Development Authority, "IHDA"), ubicada en 111 E. Wacker Dr., Suite 1000, Chicago, IL 60601, proporcione al Beneficiario fondos del Programa de Pago del Alquiler (Illinois Rental Payment Program, "RPP") en una suma que no exceda los veinte y cinco mil y No/100 dólares (\$25,000.00) ("Máximo de asistencia del ILRPP"). Los fondos de la asistencia del ILRPP se han proporcionado al estado de Illinois de conformidad con la sección 501 de la División N de la Ley de Asignaciones Consolidadas de 2021, Pub. L. No. 116-260 (27 dic 2020) (la



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Grant Agreement and the rights and obligations of the parties under this Grant Agreement shall be governed by the laws of the State of Illinois, without reference to its conflict of law principles. If more than one party is executing this Grant Agreement as Grantee, then all such parties agree to be jointly and severally bound by it.

INTERPRETACIÓN RESTRICTIVA DEL ACUERDO: La invalidez de cualquier cláusula, parte o disposición de este Acuerdo de Asistencia no afectará la validez de las partes restantes. El Inquilino acepta que este Acuerdo de Asistencia y los derechos y obligaciones de las partes se regirán por las leyes del estado de Illinois, sin referencia a sus principios de conflicto de leyes. Si más de una de las partes celebra este Acuerdo de Asistencia en calidad del Inquilino, entonces todas esas partes aceptan estar vinculadas solidariamente.



15. ELECTRONIC AND FACSIMILE SIGNATURES. IHDA reserves the right, in its sole and absolute discretion, to require original signatures or to rely on electronic and/or facsimile transmissions or photocopies of facsimile transmissions and Grantee hereby waives any rights to object to the validity of their signature based on IHDA's determination.

FIRMAS ELECTRÓNICAS Y EN FACSIMIL. IHDA se reserva el derecho, a su sola y absoluta discreción, de exigir firmas originales o confiar en transmisiones electrónicas o en facsimil, o sus fotocopias, y por medio del presente documento el Inquilino renuncia a cualquier derecho a objetar la validez de su firma con base en la determinación de IHDA.

Grantee acknowledges that Grantee had an opportunity to review this Grant Agreement with an attorney and agree that Grantee understands and agrees to its terms and conditions.

El Inquilino reconoce que tuvo la oportunidad de revisar este Acuerdo de Asistencia con un abogado y entiende y acepta sus términos y condiciones.



4/27/2021 | 11:28:19 AM CDT

Grantee's DocuSign Signature
Firma de DocuSign del Inquilino

Housing Stability Service Provider (if applicable)

Proveedor de Estabilidad de Vivienda (si corresponde)



tenantform

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www.docusign.com

Congratulations. You have completed the tenant section of the application. Once you press SUBMIT, you will be unable to make changes. Please review the information carefully before submitting. **Please make sure you maintain access to the e-mail account associated with this application.**

We recommend that you tell your landlord that you completed the application process.

We plan to begin making grant payments in June 2021. You may check on the status of your application at <https://www.ilrpp.ihda/status>

Thank you

Felicitaciones. Ha completado la sección de inquilinos de la solicitud. Una vez que presione ENVIAR, no podrá realizar cambios. Revise bien la información antes de enviarla. **Mantenga el acceso a la cuenta de correo electrónico asociada a esta solicitud.**

Le recomendamos que le indique al dueño de la propiedad que llevó a cabo el proceso de solicitud.

Planeamos comenzar a realizar los pagos de asistencia en junio de 2021. Puede revisar el estado de su solicitud en <https://www.ilrpp.ihda/status>

Gracias



Tenant Documentation

- Government-issued photo ID
- A utility bill or proof of address dated within 90 days of applying (if the address on your ID is not your current address)
- If applicable, evidence of assistance received from other government programs, if applicable (SNAP, TANF, Medicaid, Head Start, etc.)
- Proof of household income for 2020:
 - 2020 IRS Form 1040 (first two pages only)
 - Wage statements, pay stubs, IRS Form W-2, IRS Form 1099 and Schedule C if self-employed or other income proof



INCOME ATTESTATION WITHOUT FURTHER DOCUMENTATION

ILLINOIS RENTAL PAYMENT PROGRAM INCOME ATTESTATION WITHOUT FURTHER DOCUMENTATION

Wage Earner's Name:

By executing this document, I am hereby asking the Illinois Housing Development Authority to waive the Standard Requirement (as defined below) that documentation be provided to support the income determination for the wage earner listed above. I hereby certify and attest that the 2020 annual income for the wage earner listed above is: \$

I also hereby certify and attest that I am submitting this written attestation with respect to the wage earner listed above, due to one or more of the following reasons (*check all that apply*):

- accommodate disabilities
- extenuating circumstances related to the pandemic (e.g. place of employment has closed)
- lack of technological access
- cash income
- no qualifying income

STANDARD REQUIREMENT: In order to complete an application for emergency rental assistance under the Illinois Rental Payment Program ("ILRPP"), tenants are required to provide information that enables the Illinois Housing Development Authority ("IHDA") to determine the tenant's income, as well as the income for any wage earner in the household, in order to confirm whether the household income meets the ILRPP income parameters. As part of the ILRPP application process, tenants are required to provide documentation for



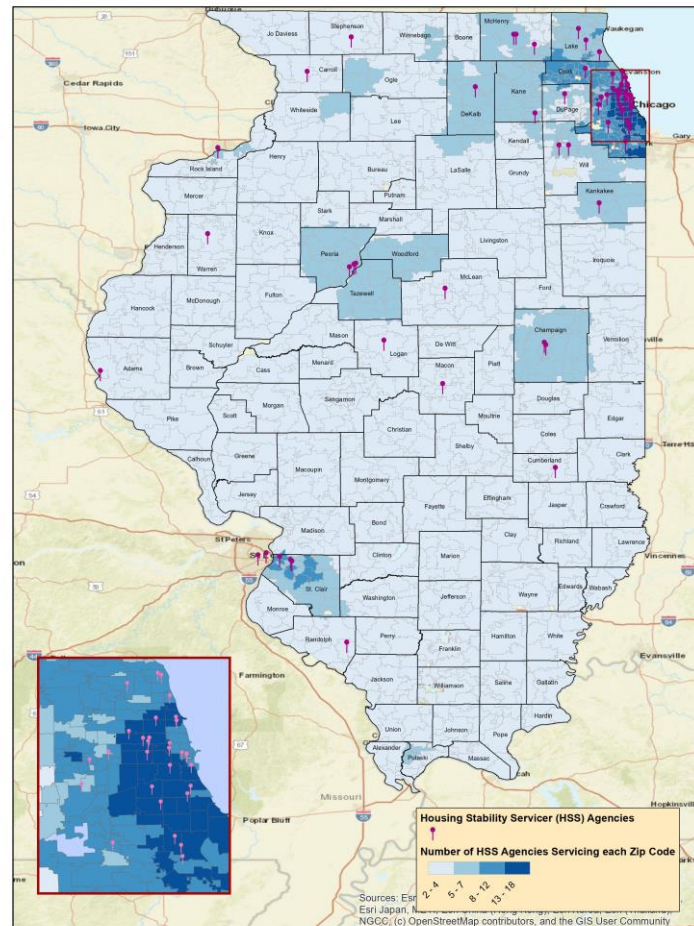
HOUSING STABILITY SERVICES (HSS)

- 64 non-profit agencies were selected having full State coverage
 - Includes housing counseling agencies, community-based organizations, and legal aid organizations
- Coverage in all 102 counties
- 80% of agencies offer Spanish-speaking services
- 12 languages services including ASL
- Provide intentional outreach and intake assistance to applicants who may face technology and language barriers
- Assist both housing providers and tenants with application process
- HSS must use their DocuSign **Code** when applying



HOUSING STABILITY SERVICES MAP

HSS Agencies Service Area by Zip Code





Expectations

- Promote the ILRPP program with community members, housing providers, housing partners and surrounding communities
- Provide Intake Assistance to HSS with the Landlord-Led Application (small landlords)
- Assist Tenants in completing their Landlord-Led application portion
- Assist with status reports or any other relevant information
- Assist in resolving issues when either party is not being responsive



HOUSING STABILITY SERVICES

HSS agencies will provide ongoing support to applicants.

IMPROVE
RELATIONSHIPS

ILRPP Application

CENTERS OF
INFORMATION



Provide technical assistance and assist in processing applications.

Provide assistance to those who may face technology and/or language barriers

Offer solutions and information about other available programs

Have an established relationship with the targeted audience



Key Messaging

- A submitted application is not a guarantee of assistance.
- It will be critical to communicate with all potential applicants that not everyone who submits an application will be eligible for funding.
- The portal is scheduled to be open for **three weeks – June 6, 2021**
- Each agency will receive a **Housing Stability Services Code** that will be required when submitting an application.
- Once an application is submitted, tenants and housing providers may track their application status at ILRPP.IHDA.org/status.



Submitting False Information May Violate Federal and State Laws

**We will be subject to state
and federal compliance
review!**



Call Center

- Phone Number: (866) 454-3571, (866) - *ILHELP1*
- Hours Starting **Monday, May 17th:**
8:00AM – 7:00PM
Monday through Friday
- Languages: Multiple Languages including Spanish
- Special Phone Tree prompt for HSS agencies



Communication Plan



Call Center Participants



Housing Stability Servicers



QUESTIONS.ILRPP@IHDA.ORG



QUESTIONS?