

(TYPE ON YOUR LETTERHEAD)

(DATE)

Illinois Housing Development Authority (“Authority”)
401 N. Michigan Ave., Suite 700
Chicago, IL 60611
Attention: Multifamily Financing

Authority Identification No.(PID): _____

This letter authorizes the Authority, in connection with the undersigned’s application under the Authority’s Equity Replacement Program, to contact the following tax-credit syndicators or investors to verify their interest or rejection of interest in <Project Name>, located in <Project Location>.

<u>Syndicator/Investor Name</u>	<u>Contact Name</u>	<u>Phone Number/E-mail</u>
1.		
2.		
3.		

The undersigned acknowledges and agrees that the Authority may use the information received from the entities listed above in evaluating the undersigned’s Equity Replacement Program application and for other related purposes.

Sincerely,

<Name, Title>