Illinois Housing Development Authority
Scoring – Enhanced Accessibility Certification

Project Name:____
Project Location or Address:____
Owner: _____

I _____ (name), of _____ (Architectural Firm) hereby certify that to the best of my knowledge the Project will comply with both the following requirements:

- At least 10% of the total units in the Project are designed for persons with mobility impairments, as defined in ICC/ANSI 117.1-2003.

  Units for persons with mobility impairments: _____

  Total Units: _____

  % of Units for person with mobility impairments: _____

- At least 2% of the total units in the Project are designed for persons with sensory impairments (not less than one unit), as defined in ICC/ANSI 117.1-2003.

  Units for persons with sensory impairments: _____

  Total Units: _____

  % of Units for person with sensory impairments: _____

Signature:_____Date:_____

Name: _____
Illinois License No:_____
Firm: _____
Address: _____
Telephone: _____
Professional Design Firm License No:_____