Illinois Housing Development Authority
Supportive Housing Plan

ABC Apartments

Street Address or Intersection
_____ County, _____, IL

Contact Information			
	Owner	**Management Agent**	**Services Partner***
Organization			
Primary Contact			
Phone			
Email			
Street Address			
City, State, Zip			

* Agency supplying on-site Support Coordination

	Total number of units in project
	Number of units set-aside for Supportive Housing Populations (minimum 50% of total)
	Number of units adaptable under Illinois Accessibility Code
	Number of units fully accessible to persons with mobility impairments
	Number of units accessible to persons with visual and/or hearing impairments
	New Construction (NEW) or Rehabilitation (REHAB)
	Family/not age-restricted (F) or Single Room Occupancy (SRO)

Supportive Housing Plan
ABC Apartments, _____, Illinois

I. Site Suitability – how the property will meet the needs of tenants in Targeted Units, including:

A. Unit Mix and Accessibility Features

1. **Unit Mix** – residential rent schedule by unit size and status.

# Bedrooms	# Bathrooms	Unit Size (sq ft)	%AMI Target	Total Units	Monthly Rent
Ex: 1	*Ex: 1*	*Ex: 800*	*Ex: 60%*	*Ex: 10*	*Ex: $500*

2. Describe any adaptability or accessibility features and/or assistive technology beyond the minimum required by local, state or federal codes or laws, if applicable. For example, the project may contain extra fully accessible units, roll-in showers or lever-style door handles.

B. Access to Community Amenities and Transportation

1. Estimate distance of the Project from community services and amenities including nearest schools, parks, grocery stores, medical services, etc.

2. Describe the nearest public transit stop and availability of accessible public transportation, Describe any paratransit services available specifically for persons with disabilities: name of service, phone number, hours of operation, cost, who is eligible and for what types of trips.

II. Affordability – methods to ensure that tenants pay no more than 30% of income for rent:

Rents in the **Supportive Housing units** will be made affordable through:

	30% AMI rents with no additional rental or operating subsidy
	Long-Term Operating Support (via Rental Housing Support Program)
	HUD Project-based (Section 8) Rental Assistance – see below
	Public Housing
	USDA Project-based (Section 515) Rental Assistance
	Other (please specify):

Properties with a commitment of project based rental assistance can use this assistance to ensure affordability in the Supportive Housing units. To ensure compliance with the Supportive Housing Plan requirements, the local Public Housing Authority (PHA) could agree to a preference for persons with disabilities and homeless households in the project's tenant selection plan. This approach will help ensure Supportive Housing Populations end up in the units. Compliance will be more complicated if the PHA holds the waiting list for rent-assisted units, because it will process applications according to the first in time rule. There will be no guarantee that households referred from the PHA's waiting list are working with a supportive services agency that will provide follow-up services.

If the Project will utilize Project Based Rental Assistance in the Supportive Housing Units, please describe here how the project will ensure that Supportive Housing Populations will receive priority for those units.

III. Support Coordination - qualifications of the agency providing the on-site Support Coordinator including:

A. Agency name, who it typically serves and where.
B. Number of hours it will provide on-site support coordination.
C. Capacity to provide access to supportive services, and to maintain relationships with the management agent and community service providers for the duration of the compliance period
D. A history of engagement with other community agencies through the local Continuum of Care and/or other cross-agency efforts.

The Services Partner agency will provide this information.

Insert Qualifications of Services Partner Agency

IV. Access to Services –

Briefly describe how an array of services, including those aimed at housing retention, will be made available both on- and off-site for all Supportive Housing tenants to access according to their needs, including a budget for any services funding sources that have been secured or will be sought.

Insert Plan for Access to Services

V. Referral, Screening and Communication Plan

Briefly describe the tenant referral and screening process, including steps followed by all parties to negotiate Requests for Reasonable Accommodations and Modifications under Fair Housing Laws to facilitate the admittance of persons with disabilities into the project. Explain how the rights of tenants will be protected through the delineation of separate functions of services provision and property management. Address how project management and the agency providing the on-site support coordinator will communicate, accommodate staff turnover and assure continuing linkages between the Project and the agency providing the on-site support coordinator for the duration of the compliance period.

Insert Referral, Screening, Communication Plan

VI. Agreement among Partners

WHEREAS **INSERT OWNER NAME** is seeking Tax Credits from the Authority to finance and build **XX** housing units, known as **INSERT PROJECT NAME** in **INSERT CITY NAME**, Illinois; and

The 2010 QAP provides points-based incentives for properties to set aside a minimum of fifty percent (50%) of the total units to households that are homeless, at-risk of homelessness and/or headed by persons with disabilities (Supportive Housing Populations); and

INSERT SERVICES PARTNER AGENCY NAME provides, coordinates, or represents agencies that provide direct community-based services in the **INSERT CITY NAME** area to Supportive Housing Populations; and

INSERT SERVICES PARTNER AGENCY NAME seeks to expand and support affordable housing opportunities for Supportive Housing Populations in their communities;

THEREFORE, **INSERT OWNER NAME, INSERT SERVICES PARTNER AGENCY NAME** and **INSERT PROPERTY MANAGEMENT NAME** agree to the following supportive housing partnership to target **XX**

apartment units (the "Supportive Housing Units") within the **INSERT HOUSING COMPLEX NAME** apartment complex to Supportive Housing Populations as defined by the 2010 QAP.

INSERT OWNER NAME shall:

- Agree that the **XX** Supportive Housing Units will not be segregated within the property or in any way be distinguishable (beyond, if applicable, the presence of accessible features or assistive technology) from non-Supportive Housing units.

- Assure that the Supportive Housing Units remain available to Supportive Housing Populations, and that the purposes and spirit of this agreement are maintained through the compliance period.

- Assure that any special arrangements (*rent adjustments, unit subsidies, arrangement for transportation services, etc*.) outlined in the Supportive Housing Plan are maintained through the compliance period.

INSERT SERVICES PARTNER AGENCY NAME shall:

- Provide an on-site Support Coordinator(s) for **XX** hours per week to offer services/support coordination as needed, requested and accepted by tenants.

- Assist Supportive Housing applicants in the application process, including requesting and negotiating Reasonable Accommodations and Modifications, if applicable, and as needed and accepted.

- Facilitate access to community-based supportive services offered by **INSERT SERVICES PARTNER AGENCY NAME** and other area human services agencies for tenants. It is understood and agreed that these services shall be available to said tenants on an as-needed basis, and that receipt of these or any other services shall not be a condition of tenancy.

- Facilitate communication with **INSERT PROPERTY MANAGEMENT NAME** by designating, and maintaining in the event of staff turnover, a named individual as the primary contact on matters related to Supportive Housing Units.

- Protect the confidentiality of tenants by sharing with **INSERT PROPERTY MANAGEMENT NAME** only that information which is related to tenancy.

INSERT PROPERTY MANAGEMENT NAME shall:

- Notify **INSERT SERVICES PARTNER AGENCY NAME** of initial lease-up 6 months prior to anticipated occupancy certification or when marketing begins, whichever comes first.

- Share tenant eligibility and screening criteria with **INSERT SERVICES PARTNER AGENCY NAME** so that the on-site Support Coordinator will be prepared to refer qualified tenants and assist them with requests for Reasonable Accommodations or Modifications when necessary.

- Educate initial and subsequent on-site property managers on the Supportive Housing Plan.

- Agree that the **XX** Supportive Housing Units will not be segregated within the property or in any way be distinguishable (beyond, if applicable, the presence of accessible features or assistive technology) from non-Supportive Housing units.

- Affirmatively market to persons with all types of disabilities, as may be described in the **INSERT PROJECT NAME** apartment complex's Affirmative Fair Housing Marketing Plan. Projects may advertise as offering services for people with particular types of disabilities but must admit other persons with disabilities who may benefit from the services.

- Screen all referred applicants using screening criteria established for all applicants at the apartment community, according to State and Federal Fair Housing Law.

- In the event a referred applicant is denied housing, (1) notify the applicant and **INSERT SERVICES PARTNER AGENCY NAME** of reason for denial, (2) accept and consider requests for Reasonable Accommodations in accordance with State and Federal Fair Housing Law, and (3) hold unit open until the request process is complete.

- Maintain a separate waiting list for referrals or applicants to Supportive Housing Units and prioritize these households for any Supportive Housing Units that may become vacant after the initial rent-up period, based upon the minimum number of units specified in the application.

- Communicate tenancy issues with the **INSERT SERVICES PARTNER AGENCY NAME** in a timely manner.

- Facilitate communication with **INSERT SERVICES PARTNER AGENCY NAME** by designating, and maintaining in the event of staff turnover, a named individual as the primary contact on matters related to the Supportive Housing Units.

All parties to this Agreement shall:

- Agree that **INSERT OWNER NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for meeting compliance requirements established by the IRS and IHDA.

- Agree that **INSERT OWNER NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for maintaining the property for the benefit of all the tenants.

- Agree that **INSERT SERVICES PARTNER AGENCY NAME** and **INSERT PROPERTY MANAGEMENT NAME** are responsible for communicating as needed to assist with housing retention of Supportive Housing tenants, to the extent that such assistance is accepted by the tenants.

- Agree that the provisions and the spirit of this agreement not withstanding, decisions on the admittance and/or retention of tenants according to Fair Housing and IL Landlord Tenant Law are the responsibility of **INSERT PROPERTY MANAGEMENT NAME**.

- Agree that the terms of the Supportive Housing Plan for **INSERT HOUSING COMPLEX NAME** prepared jointly by **INSERT OWNER NAME**, **INSERT PROPERTY MANAGEMENT NAME** and **INSERT SERVICES PARTNER AGENCY NAME**, including maintenance of a clear separation of property management and supportive service provision functions within or among partner organizations to assure confidentiality of tenant information, are hereby incorporated by reference.

- Agree that tenant participation in supportive services will not be a condition of tenancy.

- Agree that in the event that disagreements or difficulties arise that they are unable to resolve through open and cooperative dialogue, they will seek assistance in resolving these conflicts from the Authority.

IN WITNESS WHEREOF, the parties have executed, or caused this agreement to be executed by their duly authorized representatives, as of the date below written.

INSERT OWNER CONTACT, TITLE **INSERT OWNER NAME** **INSERT PHONE NUMBER**	**Date**
INSERT PROPERTY MANAGEMENT CONTACT, TITLE **INSERT PROPERTY MANAGEMENT NAME** **INSERT PHONE NUMBER**	**Date**
INSERT SERVICES PARTNER AGENCY CONTACT, TITLE **INSERT SERVICES PARTNER AGENCY NAME** **INSERT PHONE NUMBER**	**Date**