

ILLINOIS HOUSING DEVELOPMENT AUTHORITY (IHDA) INCOME ATTESTATION NO DOCUMENTATION AVAILABLE

State CBRAP Application Number:

CBRAP applicant or household member first name:

CBRAP applicant or household member last name:

Date of birth:

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 CBRAP applicant/household member listed above. I hereby certify and attest that my annual income for the below year is (All household income must be from same year):

Year: _____ **Amount: \$** _____

I acknowledge that the information provided on this form will only be used for purposes of eligibility determination for **Illinois Court-Based Rental Assistance Program (CBRAP), administrated by IHDA.**

I understand that my information will be kept private as required by applicable federal and Illinois law.

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):

- Extenuating circumstances (Health issues, disabilities)
- Lack of technological access
- No qualifying income

STANDARD REQUIREMENT: In order to complete an application for assistance, applicants are required to provide information that enables the Illinois Housing Development Authority (“IHDA”) to determine the applicant’s income, as well as the income for any wage earner in the household, in order to confirm whether the household income meets the income limits for CBRAP. As part of the application process, applicants are required to provide documentation for themselves, and each wage earner in the household, to support the determination of income for the household, such as paystubs, W-2s or other wage statements, or tax filings.

I declare under penalty of perjury, under the laws of the State of Illinois, that the statements I have made above are true and correct.

I acknowledge that I had an opportunity to review this attestation with an attorney. I understand and agree to terms and conditions of this attestation.

Applicant/Household member signature:

Date: