ILLINOIS HOUSING DEVELOPMENT AUTHORITY

ILLINOIS HOUSING DEVELOPMENT AUTHORITY (IHDA)

INCOME ATTESTATION

I, the undersigned, confirm and attest the following:

☐ The information provided herein is true, complete, and accurate to the best of my knowledge.

☐ Knowingly providing false, misleading, or incomplete information may result in the **denial of my CBRAP application, the repayment of any CBRAP award** received that I was not eligible for or any other action permitted by law.

☐ I had the opportunity to review this Attestation with an attorney before signing.

CBRAP applicant or household member full name: _____

CBRAP applicant or household member birthdate: _____

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 following year is (all household income must be from same year):

Year _____ Amount: $ _____

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, tax filings, bank statements demonstrating regular income, or an attestation from an employer.

I understand that the information I provide on this form will be used only to determine eligibility for CBRAP, administered by IHDA. I also understand that my information will be kept private as required by applicable federal and Illinois law.

I further certify and attest that I am submitting this written attestation with respect to the wage earner listed above because one or more of the following reasons:

- Extenuating circumstances (Health issues, disabilities)
- No qualifying income

I have read and understand the contents of this Attestation, and by signing below, I acknowledge and accept all of the terms and conditions contained herein.

Applicant's Signature: _____ Date: _____