

Habitat for Humanity

Community Impact Fund (CIF)

Assistance Impact Statement

Share Your Story. Give Hope. Inspire Others.

225 N. Michigan Avenue
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Chicago, IL 60601
312.836.5200
www.ihda.org



We hope you had a positive experience working with the Illinois Housing Development Authority (IHDA) and one of our community partners. Thank you for sharing your story and helping us reach more people who may be able to benefit from our services.

First Name _____ Last Name _____

Email address _____ Phone _____

Address _____ County _____

Habitat Affiliate _____ STF # 52620

Your IHDA Experience – How have our services supported you and/or your community? Please help us by sharing in as much detail as possible!

Referral Source

- ☐ IHDA Website ☐ Email from IHDA ☐ Housing Counselor ☐ Family/Friend ☐ Government agency
☐ Community event ☐ Property Owner/Manager ☐ Real Estate Agent ☐ Nonprofit agency ☐ Other _____

*** I certify that I understand my statement and agree to have my story shared as set forth by the Terms and Conditions set forth by IHDA.**

Signature _____ Date _____

Preparer name (if applicable) _____ Preparer signature (if applicable) _____

- ☐ I prefer that my name is not shared when using my story.
☐ I DO NOT give IHDA permission to share photos of my house.
☐ I DO NOT give IHDA permission to share photos of me and my household members.

*** Please return this form to impact@ihda.org ***

ILLINOIS HOUSING DEVELOPMENT AUTHORITY ASSISTANCE IMPACT STATEMENT TERMS AND CONDITIONS

The following terms and conditions (“Terms”) apply to the submission of the Assistance Impact Statement (“Statement”) to the Illinois Housing Development Authority (“Authority”).

By submitting a Statement, you agree to these Terms:

1. The Authority is your lender for a loan used to purchase or to improve your home. As a borrower, you have a right to privacy and the Authority must protect your personally identifiable information. By submitting the Statement, you are choosing to waive some of your rights and expectations of privacy.
2. The Statement is voluntary, and you will not receive any compensation for submitting the Statement. You understand that the Authority does not require you to submit the Statement as a condition of receiving the financial assistance. Additionally, you will not receive any additional financial assistance or benefit if you choose to complete the Statement.
3. You grant permission to the Authority to use the information you provided in the Statement, such as your name, experience details, Grantee, etc. You understand that you may limit the Authority’s use of your personal information, such as your name, by indicating this directly on the Statement.
4. You grant permission to the Authority to use any photos of your home, your household, or yourself that are taken by the Authority or that you provide to the Authority with your Statement. You understand that you may limit the Authority’s use of photos of your home, your household, and yourself by indicating this directly on the Statement.
5. You understand that the Authority will use the content of your Statement and your photos in marketing materials and may make reasonable edits or alterations, provided that the meaning of your Statement is not substantially changed, without any further approval from you.
6. You understand that the Authority may share your Statement with the Grantee you identify on the Statement.
7. You may revoke your permission to use your Statement by providing written notice to the Authority at least seven (7) calendar days prior to the revocation going into effect. Your written notice should be emailed to impact@ihda.org.