



Habitat for Humanity Community Impact Fund Assistance Impact Statement

111 E. Wacker Drive
Suite 1000
Chicago, IL 60601
312.836.5200

Share Your Story. Give Hope. Inspire Others.

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

First Name _____ Last Name _____

Email Address _____ Phone _____

Address _____, IL _____ County _____

HFH Affiliate: _____ STF- 51528

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 my name is changed when using my story. Please use the name _____.
☐ I DO NOT want to be contacted to share my story and help others learn about affordable housing opportunities.

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