Instructions for Chicago CoC Recipients to Notify HUD of Waiver Request:

1. Copy and paste the template onto agency stationary. (Or complete and print on agency letter heard is not available.)
2. Complete the information in brackets [ ].
3. Complete the Agency Information Table.
4. Complete the Items to be Waived Table. Ensure that each item for which you check “Yes” is applicable to at least one of your agency’s CoC grants.
5. Email the letter to [CPD\_COVID-19WaiverCHI@HUD.gov](mailto:CPD_COVID-19WaiverCHI@HUD.gov)

Template:

[Date]

[Requestor’s First & Last Name]

[Agency Name]

[Agency Address]

Please accept this correspondence as notification to the Chicago HUD CPD Field Office that [Agency Name] is requesting to use available waivers of CoC program requirements, as indicated by the details we provide below. Additionally, we are updating our program records to include written documentation of the specific conditions that justify our use of the waiver.

Agency Information Table:

|  |  |
| --- | --- |
| Submission date of waiver notification: |  |
| Date on which we anticipate first use of waiver flexibility: | *Note: Must be at least 2 calendar days from the above date of submission.* |
| Requestor’s Name, Title, Phone Number, Email Address: |  |
| Name of CoC Recipient Agency: |  |
| Project Name(s) & Grant Number(s) of CoC Grants using the waiver: |  |
| Name of CoC (list multiple if agency has grants in multiple CoCs): | IL-510 |
| Declared disaster area where waiver will be used: | Illinois COVID-19 Pandemic (DR-4489); City of Chicago; Cook County |

Items to be Waived Table:

|  |  |  |
| --- | --- | --- |
| Program | Item to be Waived | Check if Yes |
| CoC | 1. Fair Market Rent for Individual Units and Leasing Costs |  |
| CoC | 1. Disability Documentation for Permanent Supportive Housing (PSH) |  |
| CoC | 1. Limit on Eligible Housing Search and Counseling Services |  |
| CoC | 1. Permanent Housing-Rapid Re-housing Monthly Case Management |  |
| CoC | 1. Housing Quality Standards (HQS): Initial Physical Inspection of Unit |  |
| CoC | 1. Re-Inspection of Units |  |
| CoC | 1. One-Year Lease Requirement (PSH) |  |
| HOPWA | 1. HOPWA - Self-Certification of Income and Credible Information on HIV Status |  |
| HOPWA | 1. HOPWA - FMR Rent Standard |  |
| HOPWA | 1. HOPWA - Property Standards for TBRA |  |
| HOPWA | 1. HOPWA Space and Security |  |

Sincerely,

[Requestor Name / Signature]