



**Blight Elimination Program Waiver Form**  
*Form Approved for Use April 30, 2019*

IHCDA  
Place Stamp Here

**NOTICE: TIER OVERRIDE REQUESTS MUST BE POSTMARKED NO LATER THAN SEPTEMBER 30, 2019. END-USE MODIFICATION REQUESTS MUST BE POSTMARKED NO LATER THAN DECEMBER 31, 2019. ANY AND ALL REQUESTS NOT TIMELY POSTMARKED WILL BE AUTOMATICALLY DECLINED UPON ARRIVAL.**

Released with 19-115: Required for use on or after April 30, 2019.

On this \_\_\_\_ day of \_\_\_\_\_ 2019, Blight Elimination Program (“BEP”) Recipient, \_\_\_\_\_ (“Recipient”), seeks a waiver to modify the terms of its BEP Application (the “Application”) and Recipient and Program Partner Agreement (the “Agreement”). All capitalized terms not defined herein shall carry the definitions contained in the Application or the Agreement.

The Recipient believes that it is in the best interests of the Project and necessary to facilitate the BEP goals described in the Application that it obtain a waiver from certain agreed terms in the Application and the Agreement. Recipient requests a waiver to do one or more of the following acts (each, a “Requested Modification”):

- 1) \_\_\_\_ modify the end use for a property approved to be included in the Project; and/or
- 2) \_\_\_\_ exceed the \$15,000.00 allowance for a Tier One property.

The Recipient acknowledges that this Waiver Form is a request to amend the terms of the Application and the Agreement and not an actual amendment of either such documents. In order for any Requested Modification to become effective, it must be agreed to by IHCD. No amendments to either the Application or the Agreement will be effective unless they are agreed under the terms therein.

**Instructions:**

Mark the Requested Modification(s) above and provide the documentation necessary for each request. The waiver form may be used as a check list by placing an "X" or "✓" next to each required item provided in the instructions below. All necessary documentation must be provided with this Waiver Form and **mailed to the attention of the Blight Elimination Program**. No emailed, faxed, or photocopied waiver requests will be accepted. Refer to BEP Notice 16-67 for questions on document requirements. Recipient may use one Waiver Form for one or more request types.

**Modification of the end use of a property approved for the Project:** In support of modifying the designated end use of a property included in the Project, Recipient shall attach the following documentation to this Waiver Form:

- \_\_\_(a) a narrative detailing the reason(s) why Recipient seeks to modify the end use of the property; and
- \_\_\_(b) an original signed letter from the Program Partner agreeing to facilitate the new end use of the property, if approved.

**Request a Tier Override (exceed the \$15,000.00 Tier 1 cap):** In support of its request to exceed the Tier One cap, Recipient shall attach the following documentation to this Waiver Form:

- \_\_\_(a) a narrative detailing the reason(s) why Recipient seeks to exceed the \$15,000.00 Tier One cap;
- \_\_\_(b) a list of ALREADY SUBMITTED CLAIMS (both pending and approved) with corresponding Claim Number/Receipt Number; and
- \_\_\_(c) invoice(s) or quote(s) for UNCLAIMED expenses that will result in an overage of the \$15,000.00 Tier One cap.

**Submitted on the date first written above.**

Recipient: \_\_\_\_\_

By: \_\_\_\_\_

Printed name: \_\_\_\_\_

Title: \_\_\_\_\_