



The Housing Authority of the County of Cook
175 West Jackson Boulevard, Suite 350
Chicago, Illinois 60604
(312) 663-5447
www.thehacc.org

Project-Based Voucher Wait List Opening - YWCA Evanston/North Shore

The Housing Authority of Cook County (HACC) will be opening a site-based waiting list for housing for survivors of domestic violence. This housing consists of one and two bedroom (**two bedroom list is now closed**) newly rehabbed project-based voucher (PBV) units located in Evanston IL. The PBV program is a rental assistance program where the resident pays 30% of his/her income towards the rent and the HACC subsidizes the remainder of the rent to the owner.

To be eligible for the YWCA Evanston/North Shore Housing PBV units, applicants **MUST** have income that does not exceed 50% of the Area Median income (AMI), which is \$26,950 for a single person household; \$30,800 for a two person household; \$34,650 for a three person household; and \$38,450 for a four person household. Preference will be given to applicants who are survivors of domestic violence who would most benefit from the services provided on site, which include, but are not limited to: family/children/parent counseling, financial counseling, employment assistance, and case management. An assessment tool, which **all** applicants must complete and is part of the application process, will be used to determine eligibility for this preference. Supporting documentation must be provided at the time of application. Additionally, applicants claiming the homeless preference must complete the HACC's Homeless Verification Form **and** submit supporting documentation as outlined on the form at the time of application. Applicants currently on the HACC's wait list will also receive a preference.

Occupancy at the YWCA Evanston/North Shore Housing is scheduled for early February of 2017. It is anticipated the demand for the units will far exceed the units available.

Applications are available for download on the HACC website at www.thehacc.org. Completed applications will be accepted on Monday, November 28, 2016 from 10:00 a.m. to 3:00 p.m. at the YWCA Evanston/North Shore located at 1215 Church Street Evanston, IL 60201 in room 207. We will continue accepting applications until we receive 85 one bedroom applications and 30 two bedroom applications. If we do not receive the designated number of applications by 3:00pm on Monday, November 28, 2016, completed applications may be mailed or emailed to the following addresses only:

By Mail: The Housing Authority of Cook County
 Attention: YWCA PBV wait list
 175 W. Jackson, Suite 350
 Chicago, IL 60604

By Email: pbvwaitlist@thehacc.org
 Please put YWCA PBV in the subject line of the email.

Applications mailed or emailed to any other address will be rejected.





Wait List Pre-Application for Project Based Voucher (PBV) Rental Assistance



YWCA Evanston/North Shore Housing (ENSH), Evanston IL 60202

YWCA Evanston/North Shore Housing serves people who are survivors of domestic violence. The YWCA will provide supportive services to the residents. Applicants who would most benefit from the services provided on site will receive a preference for housing.

To be eligible for the one and two bedroom PBV units at ENSH, applicants must have an income that **does not exceed 50% of the AMI** (\$26,950 for 1 person, \$30,800 for 2 people, \$34,650 for 3 people, and \$38,450 for 4 people).

If you are disabled and need assistance completing this form or require another form of reasonable accommodation, please call (312) 542-4695.

HEAD OF HOUSEHOLD (HOH) INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Phone #1: _____ Phone #2: _____

Email: _____

How did you hear about us? _____

**Please list all people expected to reside in the household, starting with the HOH, and provide the following:
maximum 4 people**

First and Last Name of Each Household Member who will live in the Dwelling (List Head of Household First)	Disabled – Y or N	Relation to Family Head	Age	Sex M / F	Social Security Number	Date of Birth	Marital Status *	Race Code **	Ethnicity Code ***	Citizenship Code ****	Full-time Student – Y or N
		HEAD OF HOUSEHOLD									

*Marital Status: (S) Single (M) Married (D) Divorced (W) Widowed (X) Legally Separated

**Race Code: (1) White (2) Black/African American (3) Native American/Alaskan native (4) Asian (5) Hawaiian/Pacific Islander (6) Other

***Ethnicity Code: (1) Hispanic (2) Non-Hispanic

****Citizenship Code: (1) U.S. Citizen or Naturalized Citizen (2) Non-U.S. Citizen with Alien Registration Card (3) Other – neither 1 nor 2



Would any member of your family benefit from the features of an accessible unit? Yes No

If yes, please describe the features needed, not the disability: _____

List all sources of income (employment, disability, pension, work for cash, etc.) for all household members and list all assets (checking/savings, IRA's, interest in real estate, etc.) for all household members:

Household Member	Type of Income	Monthly Income	Type of Asset	Current Balance

PREFERENCES:

Preferences will affect an applicant's placement on the wait list; therefore, proper verification as described below must be submitted. Applicants claiming a preference that they knowingly do not qualify for may cause the application to be rejected for supplying false information on the application. If the applicant no longer qualifies for the preference when the application is processed, the preference will be removed and the applicant will be placed back on the wait list in the appropriate position.

Following are the preferences: check all that apply and submit required verification

- HACC Housing Program Applicant/Participant – The HACC will verify applicant/participant status.
- Victim of Domestic Violence – **YWCA Self-assessment and supporting documentation must be submitted with this application.** Based on information provided on the Self-assessment, applicants who would most benefit from the supportive services provided will receive a preference.
- Homeless – **The HACC Homeless Verification Form and supporting documentation must be submitted with this application.**
To be eligible for this preference, applicants must meet the following definition of homeless:
An individual who: lacks a fixed, regular, and adequate nighttime residence and whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; OR exiting an institution that provides temporary housing for up to 90 days and were in a shelter or place not meant for human habitation immediately prior to entering that institution; OR a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings.
- Veteran/Veteran's Widow(er) – Must submit DD214 or an alternate verification of veteran status with this application.
- Disabled – Verification of Social Security disability benefits or the equivalent or Third-party verification of the disability (if not receiving financial disability benefits) must be submitted with this application.

Signature: Head of Household

Print Name

Date

Signature: Co-Head / Spouse

Print Name

Date

YWCA Supportive Housing Self-Assessment

This self-assessment form will be used to determine preference eligibility for YWCA Supportive Housing. Applicants who meet eligibility criteria, would most benefit from the supportive services provided, and are committed to achieving safe, sustainable, independent housing in the future will receive a preference.

Please read each question carefully and answer truthfully, to the best of your ability.

If you have any questions about this self-assessment or need clarification, please contact our Housing and Employment Specialist, Iris Barrios, at (847) 864-8445 ext. 107.

Name: _____

DOB: _____

Primary phone: _____

Secondary phone: _____

Email: _____

Preferred method of contact: _____

1. Why are you interested in moving to YWCA Supportive Housing?

2. Who currently helps you or gives you emotional support on a regular basis? (Check all that apply.)

_____ Friends _____ Family _____ Faith/Church
_____ Social Service Agency _____ Counselor
_____ Other: _____

3. In what areas of do you think you might need support from YWCA staff to live successfully on your own? (Check all that apply.)

_____ Money Management: paying bills on time, spending appropriately, how to save, etc.
_____ Conflict Management: avoiding fights/arguments with neighbors, co-workers, and family
_____ Housing Maintenance: keeping house clean, clutter free, and maintained
_____ Safety Practices: how to keep you and your family safe



- ___ Nutrition: buying, preparing, and cooking affordable, healthy meals
- ___ Digital Literacy Skills: navigating social media, on-line job search, and word processing
- ___ Renter Rights and Obligations: understanding renter's rights and responsibilities
- ___ Eviction Prevention: what to do to prevent eviction
- ___ Other: _____

4. If you have worked with an organization or agency in regards to any of the above areas listed above, please list the agency and what assistance you received.

5. YWCA Supportive Housing will provide the following support services to help residents succeed in supportive housing. Please rate the following on a scale of 1-5 (with 5 being very important to your success 1 being not important to your success)

- | | |
|-----------------------------------|---------------------------------------|
| ___ Individual counseling | ___ Family counseling |
| ___ Children's counseling | ___ Parenting education |
| ___ Substance abuse support group | ___ Financial counseling |
| ___ Employment assistance | ___ Recreational/social opportunities |

6. Do you currently have an Order of Protection against your abuser?

- ___ Yes ___ No

- a. If yes, in which county?
- b. When does it expire?

7. Have you participated in domestic violence support services in the past 12 months?

- ___ Yes ___ No

If yes, a signed letter from the provider on their letter head documenting your participation is required and must be attached to this self-assessment.

8. Have you left your abuser? If so how long ago?

9. When was the last time you had contact with your abuser?

10. What do you hope your future looks like in 3-5 years?





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Homeless Verification Form
 (To be completed by Service Provider or Agency Staff)

Applicant: _____ **Last 4 Digits of SSN:** _____ **Date** _____

To be eligible for the homeless preference in admissions to the HACC's programs, applicants must meet one of the HACC's definitions of homeless. Please check the appropriate box and attach supporting documentation from the list of Recordkeeping Requirements. Documentation must be on an agency's letterhead. If this verification form is being used as a self-certification, the applicant must check the appropriate box and sign below.

Definition of Homeless – check appropriate box for definition that fits your circumstances: Individual or family who lacks a fixed, regular, and adequate nighttime residence due to which of the following:	
<input type="checkbox"/>	Has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings
<input type="checkbox"/>	Is living in a supervised publicly or privately operated shelter
<input type="checkbox"/>	Is exiting an institution where (s)he temporarily resided (90 days or less) and was residing in a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings

Recordkeeping Requirements for Verification of Homeless Status – check appropriate box for documentation you will supply:	
<input type="checkbox"/>	Written observation by the outreach worker, including when observed, where observed, and how often
<input type="checkbox"/>	Written referral by another housing or service provider attesting to the homeless status
<input type="checkbox"/>	Certification by head of household or individual seeking assistance that he/she was living on the streets or in a shelter, for how long, and the last permanent address with the dates living there
For Individuals Exiting an Institution Provide one of the forms of evidence above AND one of the following:	
<input type="checkbox"/>	Discharge paperwork or written referral from the institution
<input type="checkbox"/>	Written record of intake worker's due diligence to obtain above evidence AND certification by the individual that they exited the institution

Signature: _____ Printed Name: _____

Agency Name: _____ Position: _____

For Self-Certification Only: My signature below indicates the information provided on this form is true and correct and that knowingly providing false information may result in denial of housing assistance.

Applicant Signature (self-certification only): _____

