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175 W. Jackson Blvd., Suite 350 • Chicago, IL 60604-3042 • (312) 663-5447

April 27, 2016

Re: Public Housing Wait List Pre-Application

Dear Pre-Applicant,

The Housing Authority of Cook County (HACC) is currently accepting pre-applications for the public housing wait list for **two (2) bedroom** units at the following **Elderly Only Designated Community**:

SUMMIT SENIOR HOUSING
7455 W. 63rd Place in Summit, IL 60501

The HACC is currently accepting pre-applications for any persons who are 50 years of age and older for two (2) bedroom units. The Head of Household or Co-Head of Household/Spouse must be 50 years of age or older. Once HACC receives seventy-five (75) pre-applications for two (2) bedroom units, the wait list will close for persons 50 years of age or older, but will remain open for persons 62 years of age or older until further notice.

The HACC's Elderly Only Designated Housing Plan approved by the U.S. Department of Housing and Urban Development, states that the HACC must retain the option to house near elderly families aged 50-61 years of age in the Elderly Only Designated Housing Developments should there occur a shortage of elderly families on the waiting list or if a unit(s) in an elderly building is vacant for 60 days or longer.

The annual income for a one person household cannot exceed \$43,050, the annual income for a two person household cannot exceed \$49,200, the annual income for a three person household cannot exceed \$55,350 and the annual income for a four person household cannot exceed \$61,500.

The HACC's Occupancy Standards for two (2) bedroom units are as follows:

The HACC will assign one bedroom for each two persons within the household, except in the following circumstances:

- ✓ Persons of the opposite sex (other than spouses, and children under age 5) will not be required to share a bedroom
- ✓ Persons of different generations will not be required to share a bedroom
- ✓ Live-in aides will be allocated a separate bedroom

Households will be required to pay rent equal up to 30% of their adjusted annual income or the flat rent applicable to the property.

The HACC has established preferences for admission to public housing (other than date of application), in order of priority, as follows:

Elderly or Near Elderly Applicants who meet the definition of homelessness= 4 points

Elderly or Near Elderly Persons with Disabilities= 3 points

Elderly or Near Elderly Veterans and veterans' widows/widowers= 2 points

Elderly or Near Elderly VAWA applicants and Victims of reprisals or hate crimes= 1 point

Applicants will be selected from the waiting list based on the highest number of preference points and based on the date their application was received by HACC. Preferences are cumulative. For applications with no preference indicated the applicants will be placed on the waiting list by date received by HACC. Applications equal in date received will be ranked by HACC's current computer software program.

Wait list pre-applications can also be downloaded at our website: www.thehacc.org or you may request pre-applications by calling (312) 542-4786.

Completed Wait List Pre-Applications must be hand-delivered or mailed to the following location only:

HACC/Public Housing Wait List & Leasing Department

175 West Jackson; Suite 350

Chicago, IL 60604

Or faxed to (312) 542-4752

Wait list pre-applications are now available at **Summit Senior Housing located at 7455 W. 63rd Place in Summit, IL 60501** and at the following locations during their business hours:

**Summit Senior Housing
Attention: Property Manager**

7455 W. 63rd Place

Summit, IL 60501

Riverdale Senior Housing

335 W. 138th Street

Riverdale, IL 60472

HACC/Public Housing Wait List & Leasing Department

175 West Jackson Blvd., Suite 350

Chicago, IL 60604

OR

Faxed to (312) 542-4752

HACC will accept pre-applications until further notice is given.

If you or anyone in your household is a person with a disability and requires a specific accommodation or seeks assistance with the completion of this application please notify **HACC-Public Housing Wait List & Leasing Department** either in writing to 175 West Jackson; Suite 350 in Chicago, Illinois 60604, via fax to 312-542-4752 or by calling (312) 542-4786.

Please contact our office with any questions at (312) 542-4786.

Sincerely,

The Public Housing Wait List and Leasing Department



Public Housing Wait List Pre-Application

SUMMIT SENIOR HOUSING
7455 W. 63rd Place in Summit, IL 60501

April 27, 2016

Summit Senior Housing is designated an Elderly Only Community. The wait list is available for two bedroom units only. An elderly family is defined as, one in which the head of household, spouse, or co-head is a person who is at least 62 years of age.

Contact Information:

1. Name of Head of Household: _____

2. Name of Adult (age 18 or older) Co-Head of Household/Spouse: _____

3. Current Street Address: _____

Apt# _____ Current City, State and Zip: _____

4. Please provide telephone information:

Home Number: _____ Work Number: _____

Cell Number: _____ Alternate Number: _____

Email Address: _____

4. **Family Composition:** Beginning with you, please list all persons who will live in the public housing unit. Each box must be completed for each family member applying to live in the public housing unit.

Required Information: Please complete in its entirety.

First Name & Last Name	Sex M or F	Relation to Head	Person with a Disability Yes or No	Full Time Student Yes or No	Birth Date	Social Security Number
1.		Head				
2.						
3.						
4.						

5. For Statistical Purposes Only:

Family Member Name	Race Code* (circle one)	Ethnicity Code** (circle one)
	1-2-3-4-5	1-2-3-4-5
	1-2-3-4-5	1-2-3-4-5
	1-2-3-4-5	1-2-3-4-5
	1-2-3-4-5	1-2-3-4-5

* **Race Code:** 1-White 2-Black 3-American Indian/Alaskan 4-Asian
5-Hawaiian/Pacific Islander

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

6. Family Income Information: On the next table please list the source and amount of all income expected for the coming 12 months for **all family members, including you**. Include all earnings and benefits received from Employment, AFDC/TANF, VA, Pension, Social Security, SSI, Unemployment, Worker's Compensation, Child Support, Family Support, etc.{Ex: Wages, \$150/week, SSI, \$421/month

Required Information: Please complete in its entirety.

Family Member Name	Income Source	Amount \$	Frequency- Specify per Week, Month or Year

7. HACC Preferences: Please select any preferences that apply to the head of household or co-head/spouse. The head of household or co-head/spouse must be 62 years of age or older.

Applicants who meet the definition of homelessness- 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 an institution that provides a temporary residence for individuals intended to be institutionalized; OR a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

Disabled Family- A disabled family is defined as, one in which the head, spouse, or co-head is a person with disabilities. Applicable federal laws define "disability" with respect to the individual as (1) a physical or mental impairment which substantially limits one or more of such person's major life activities; (2) a record of having such an impairment; (3) being regarded as having such impairment; but such terms do not include current illegal drug use or addiction to a controlled substance, or an alcoholic who poses a direct threat to property or safety because of alcohol use.

U.S. Military Veteran or their surviving spouse

VAWA applicants and victims of reprisals or hate crimes

8. Other Information: Some units are designated as adaptable units in accordance with the UFAS standards of increased accessibility or adaptability. A unit is considered "adaptable" when it can accommodate features that allow greater accessibility for your safety and comfort. The following are examples:

- You can request to have alternative heights of your unit's kitchen counter and the sink (both can be lowered) to allow you full access to the sink and counter when using a wheelchair. The cabinets and bases under the sink, lavatories and under the counters can be removed to allow more wheelchair access.
- You can request the installation of grab bars near toilets, in bath tubs and in showers in your unit's bathroom.

- You can request to have a visual emergency alarm installed in your unit if you are hearing impaired.
- You can request to have a higher toilet seat installed for greater safety

Are you in need of an adaptable unit? Yes No If yes, please provide example(s) of the type of unit that would be convenient for you:

Pre-Applicant Certification:

WARNING: 18 U.S.C. 1001 provides, among others, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than \$10,000 or imprisoned for not more than 5 years, or both.

I/We hereby certify that the information I/We have provided in this wait list pre-application is true and accurate. I/We understand that my/us having provided any false information will result in denial of my wait list pre-application. I/We understand that at the time I/We rise to the top of the waiting list, I/We will be required to verify the information I/We provided here. I/We accept responsibility for keeping The Housing Authority of Cook County informed of my/our address and contact information and I/We understand that my/our pre-application may be cancelled if I/We fail to do so.

SIGNATURES:

Head of Household: _____

Date: _____

Co-Head of Household/Spouse: _____

Date: _____

