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On June 15, 2016, the Housing Authority of Cook County (HACC) opened its site-based wait list for project-based voucher (PBV) units at Wisdom Village of Northlake, a new construction of senior housing, located at 33 S. Wolf Road, Northlake, Illinois 60164. The PBV Program is a rental assistance program where the resident pays 30% of his/her income towards the rent to the owner and the HACC subsidizes the remainder.

To be eligible for Wisdom Village of Northlake PBV units, applicants **MUST** be 55 years of age or older and 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 and \$34,650 for a three person household. Preference will be given to applicants who are currently on the HACC's wait list. Occupancy at Wisdom Village of Northlake is scheduled for September of 2016. It is anticipated the demand for the units will far exceed the units available.

The one bedroom wait list has closed as we have received our designated number of applications. The wait list for two bedroom units will remain open. Applications are available for download on the HACC website at www.thehacc.org; the application follows as page 2 of this notice. Completed applications will be accepted by **mail or email only** at the following addresses:

By Mail: The Housing Authority of Cook County
 Attention: Wisdom Village of Northlake PBV Wait List
 175 W. Jackson Blvd., Suite 350
 Chicago IL 60604

By Email: pbvwaitlist@thehacc.org
 Put Wisdom Village Wait List in the subject line of the email

The wait list for two bedroom units will remain open until we receive 75 two bedroom applications. Applications submitted after we receive the specified number of applications per bedroom size will be rejected.





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



Wisdom Village of Northlake (WVN), 33 S. Wolf Road, Northlake IL 60164

WVN is a senior housing community serving people **55 years old and older**. To be eligible for the one and two bedroom PBV units at WVN, 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 need assistance completing this form or require a 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, etc) and assets (checking/savings, IRA's, etc) for all household members:

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

PREFERENCES: check all that apply; must be able to provide verification HACC Housing Choice Voucher Program Applicant

- Working family
- Unable to work due to age/disability
- Homeless
- VAWA – Domestic Violence
- Veteran/ Veteran's Widow(er)

Signature: Head of Household _____ Print Name _____ Date _____

Signature: Co-Head / Spouse _____ Print Name _____ Date _____